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[Distributed to the Council and the Members of the League.]

C. 107. M. 38. 1927. III.
(C.H./9th Session/P.V.)

Geneva, March 1927.

LEAGUE OF NATIONS

Health Committee

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# HEALTH COMMITTEE

Minutes of the

## NINTH SESSION

*Held at Geneva from Monday, February 14th, to Friday, February 18th, 1927.*

LIST OF MEMBERS OF THE COMMITTEE.

| | |
|---|---|
| Dr. Th. MADSEN, *President*, | Director of the State Serum Institute, Copenhagen. |
| M. O. VELGHE, *Vice-President*, | Secretary-General of the Ministry of the Interior and of Health, Brussels. |
| Professor B. NOCHT, *Vice-President*, | Rector of the University and Director of the Institute of Tropical Diseases, Hamburg. |
| Dr. M. TSURUMI, *Vice-President*, | Representative of the Public Health Service of Japan. |
| Professor G. ARAOZ ALFARO, | President of the National Health Department, Buenos Ayres. |
| Dr. W. CHODZKO, | Director of the State School of Hygiene, Warsaw ; former Polish Minister of Health. |
| Dr. C. HAMEL, | President of the Reichsgesundheitsamt, Berlin. |
| Dr. N. M. J. JITTA, | President of the Public Health Council of the Netherlands, The Hague. |
| Professor Ricardo JORGE, | Director-General of Public Health, Lisbon. |
| Dr. A. LUTRARIO, | Former Director-General of Public Health, Ministry of the Interior, Rome. |
| Professor Donato OTTOLENGHI, | Professor of Hygiene at the Royal University of Bologna. |
| Professor Gustavo PITTALUGA, | Professor of Parasitology in the Faculty of Medicine at Madrid University. |
| Dr. L. RAJCHMAN, | Medical Director, Secretary of the Committee. |
| *Absent* : | |
| Professor Léon BERNARD, | Director of the Healt Institute of the Faculty of Medicine in Paris; Technical Health Adviser at the Ministry of Health. |
| Sir George BUCHANAN, | Senior Medical Officer of the Ministry of Health, London. |
| Professor J. CANTACUZÈNE, | Professor of Bacteriology and Director of the Institute of Experimental Medicine Bucharest. |
| Dr. H. CARRIÈRE, | Director of the Swiss Federal Public Health Service, Berne. |
| Dr. Carlos CHAGAS, | Director of the Oswaldo Cruz Institute, Rio de Janeiro ; Director-General of the Health Service of Brazil. |
| Surgeon-General H. S. CUMMING, | Chief of the Public Health Service of the United States of America, Washington. |
| Lt.-Col. J. D. GRAHAM, I.M.S., | Public Health Commissioner with the Government of India, Delhi. |
| Dr. L. RAYNAUD, | Inspector-General of the Public Health Service of Algeria, Algiers. |

Publications of the League of Nations

III. HEALTH
1927. III. 4.

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Minutes of the

## NINTH SESSION

*Held at Geneva from Monday, February 14th, to Friday, February 18th, 1927.*

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## FIRST MEETING

*Held on Monday, February 14th, 1927, at 3 p.m.*

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Present : All the members of the Committee or their substitutes, with the exception of Dr. Carrière, Professor Chagas, Surgeon-General Cumming, Colonel Graham and Professor Jorge.

Sir Eric DRUMMOND, Secretary-General of the League of Nations, also attended.

### 271. Opening of the Session.

The SECRETARY-GENERAL was glad to note that the recent elections and nominations had resulted in little change. The League could congratulate itself on the fact that so many eminent members of the old Committee were still ready to assist it with their great experience and valuable advice.

He was sure that the Council and the League as a whole would desire him to express to the members of the Committee their high appreciation of the work done by the Committee during the past three years, and their satisfaction that the continued collaboration of so many members of the late Committee was assured for the future.

He would add a word of special gratitude to the ex-President, Professor Madsen. No one had been more devoted to the interests of the Health Committee and of the League than he had been. Sometimes, perhaps, his task had not been very easy, but his impartiality and unfailing good temper had, in the end, always led to complete agreement.

It was also the Secretary-General's duty to welcome the new members. In the first place, he would mention Dr. Hamel, President of the Reichsgesundheitsamt in Berlin. It was of happy augury that, since Germany had entered the League, she was showing her desire to take her place as one of the permanent Members on the Council by encouraging her most representative men to participate in the work of the various technical committees of the League.

Next he would refer to the representatives of the Argentine and of India. Unfortunately, Colonel Graham had not found it possible to attend the present session of the Committee. The Secretary-General hoped that it would be possible for him to be present on the next occasion. Sir Eric Drummond was delighted that the distinguished President of the National Department of Health of the Argentine Republic was present.

It was perhaps difficult for distant countries to realise fully the advantage of being Members of the League. Unhappily, even as regards the Latin-American countries, the ideals of which, as shown by their past history, were so absolutely at one with those of the League —countries where the juridical equality of all States, great or small, and the settlement of disputes between nations by pacific means were cardinal and recognised political doctrines— even as regards these countries difficulties were experienced ; yet the benefits which they obtained from the League were very great, even if indirect.

He would give two examples :

First, the settlement of disputes. This was not the place for him to emphasise the services rendered by the League in the settlement of disputes. Up to now, most of these, it was true, had been of European origin. In some of them national feelings had run very high. He did not wish to judge whether or not they might, if the League had not existed, have actually led to war, but it was certain that the existence of the League had brought about a peaceful atmosphere which had caused war to be avoided. This must necessarily be of indirect benefit to the entire world because a state of friction between nations affected not only those regions which were adjacent to the danger point but the world as a whole. He would remind the Committee of the phrase in the Covenant stating that any threat of war was a matter of concern to the whole League.

Secondly, he would recall the value which accrued to distant nations by the reconstruction, financial or economic, of any particular nation. Countries were now so bound up together that the commercial interests of one affected the commercial interests of all.

The Secretary-General desired to take this opportunity of pointing out that membership of the League therefore did give to countries, even to those so far distant as the Latin-American Republics and India, great indirect benefits.

On the other hand, there were certain activities of the League which could and should be of direct interest to all countries : the international health activities were a case in point.

He hoped that the mission which it was proposed to send to Latin America under the auspices of the Health Committee would give definite proof of the League's anxiety to do

what it could to be of service to all its Members. He felt certain that Dr. Alfaro would give his assistance in this matter.

He called upon the Committee to elect its new President.

M. VELGHE, speaking on behalf of the members of the Committee, thanked the Secretary-General for attending the meeting and presiding over the inauguration of the new Health Committee. All the members of the Committee were very grateful for his expression of thanks to the former Committee. The Committee would try to work in the future in the same way as it had done in the past and to play its modest part in the great work of the League of Nations. The Committee had always been strongly supported by the Council of the League and this support was in great measure due to the Secretary-General. In order that the assistance given by the Committee to the work of the League should bear its full fruit, the Health Committee must be able to count, and M. Velghe hoped that it could do so, on the sympathetic support of the Secretary-General so far as the Council was concerned.

**272. Election of the President.**

Professor MARCHOUX read the following letter from Professor Léon Bernard :

[*Translation.*]

" My dear Colleagues,

" Our distinguished Medical Director has, I am sure, already informed you of my sincere regrets that, as a result of a recent motor-car accident, I am as yet unable to travel, and am thus deprived of the pleasure of taking part in the work of the Health Committee, in which I have had the honour to participate since its beginning. Professor Marchoux has been good enough to undertake to replace me, but there is one proposal which I shall make myself, and which I have asked him to put before you in my stead.

" At the meeting of the first provisional Health Committee I had the honour to propose that Professor Madsen should take the chair, and everybody will remember that I had the good fortune to obtain the unanimous agreement of my colleagues to that proposal.

" At that time it appeared that such a decision was necessary for the following reasons : first, and above all, because of the great scientific value of Professor Madsen's work ; secondly, because of his nationality ; thirdly, because of his knowledge of the languages of the League of Nations ; and, finally, though it is unnecessary for me to insist upon it, because of his personal character, which combined authority with tact.

" To-day it appears superfluous and indeed unnecessary to recall the reasons which led to that decision. The manner in which Professor Madsen has watched over the career of the provisional Committee, then of the permanent Committee set up under the Covenant, the ardour which he has infused into its work, and which has called forth the admiration of the whole scientific world, the high place which he has assured for the Health Organisation of the League of Nations, and, finally, the deep affection and unbreakable attachment which he has inspired in his colleagues, make it impossible for us to contemplate choosing any other person as a President.

" I am convinced that I am interpreting the views of everyone here by proposing that Professor Madsen should be elected President of the new Committee by acclamation. This is the best means of assuring for the future of our organisation the continuation of the traditions and activities which have made its reputation and prestige both in the League itself and in the world of savants in all countries. "

The SECRETARY-GENERAL felt sure that he would be rightly interpreting the applause with which members had greeted the proposal of Professor Léon Bernard, as submitted by Professor Marchoux, if he called on Professor Madsen to take the chair.

The Secretary-General desired to thank M. Velghe for his kind remarks. M. Velghe had perhaps underestimated the importance of the work of the Health Committee from the general point of view of the League. It was one of the most active Committees of the League, and no one had ever ventured to dispute its value. He had been proud to help in its work in the past, and could assure the Committee that he would continue to do all that lay in his power to be of assistance in the future.

Professor MADSEN spoke as follows :

This is the third time that you have done me the honour to make me President of the Health Committee, and I am deeply sensible of that honour. When, three years ago, you were so kind as to re-elect me, I hesitated very much to accept the high responsibility which you desired to entrust to a person who is really a man of the laboratory, particularly in view of the increasing importance of the work of the Health Organisation and the growing responsibilities which your President is called upon to assume. The three years which have just passed have seen not only an extension of the work of the Health Organisation but also an extension of its sphere of action and its development throughout the world.

If, however, I am rash enough to accept your flattering proposal, it is because I know that I can rely on the constant collaboration of you all, and because I can have full confidence in the devotion and unwearying activity of our Medical Director and his assistants ; also

because I have beside me in the person of our Vice-President, M. Velghe, a living assurance not only of the most intimate collaboration of our Advisory Council, the Office international d'hygiène publique, but at the same time the wisest, most loyal and most useful of collaborators, whom I do not hesitate to describe as the keystone of our Health Committee.

Once again, gentlemen, I would like to thank you for your kind words and for the great honour which you have done me in electing me President.

Professor Madsen took the Chair.

### 273. Welcome to the New Members of the Committee, and Observations regarding Absent Members.

The PRESIDENT welcomed the new members of the Committee. He regretted the absence of Sir George Buchanan, who was in the Far East, and whose place was being taken by Mr. Brock; also the absence of Professor Léon Bernard, whose place was being taken by Professor Marchoux; and of Dr. Raynaud, whose place was being taken by Dr. L'Herminier. Both Professor Léon Bernard and Dr. Raynaud were unable to attend the meeting for reasons of health. Surgeon-General Cumming, Professor Chagas and Colonel Graham were unable to come to Geneva. Dr. Carrière hoped to be present at one or two of the later meetings of the session. Professor Jorge would be present on the following day. The President welcomed Dr. Pottevin, Director of the Office international d'hygiène publique, and Dr. Park, representative of the Australian Government.

### 274. Adoption of the Agenda.

*The provisional agenda was adopted without observations* (Annex 122).

### 275. Appointment of Public Health Experts as Assessors.

The PRESIDENT thought that the Committee would agree to approve the appointment of Professors Cantacuzène, Nocht, Ottolenghi and Pittaluga. It was for the Council finally to appoint these gentlemen, but he thought that the Committee would agree to ask them to take part immediately in its work.

*The proposals of the President were adopted.*

Mr. BROCK regretted that, on the first occasion when he was called upon to address the Committee, he was unable wholly to agree with the proposal made by the President. He recognised the difficulties with which the Committee was faced, and the impossibility of making any change at so late a stage. On behalf, however, of the British Ministry of Health, he desired to record its regret that the Committee had found it impossible to include a woman among the Assessors. The British Ministry of Health did not for a moment question the distinguished qualities of the gentlemen who had been called upon to fulfil the duties of Assessors. It felt, however, that it was essential, if the work of the Health Organisation were to succeed, that public opinion should be fully behind it, and in this connection he would remind the Committee of the increasingly important part played by women in the sphere of public health, more especially as regarded problems of child welfare and maternity. In the view of the British Ministry of Health, it was very important that the Health Committee should do nothing to suggest that it did not fully realise the increasing importance of women in the domain with which it dealt. To have appointed a woman Assessor would have been a symbol, or more properly a gesture, which would certainly have had an admirable effect on public opinion.

He realised that there was no possible alternative now before the Committee, but the British Ministry of Health had felt compelled to place this expression of its regret on record in view of the many representations which had been made to it by the numerous influential women's organisations in England, who had advanced arguments which the Ministry had been forced to consider well founded.

Dr. TSURUMI spoke as follows :

I wish to associate myself with the cordial words of welcome which the Secretary-General has addressed to our three new colleagues on the Health Committee, Professor Alfaro, Colonel Graham and Dr. Hamel. At the same time, we must congratulate ourselves on being able to note that most of the former members of the Committee have once more returned to it.

Now that the appointments of members are being renewed, I should like to make certain observations regarding the constitution of the new Health Committee.

The Japanese Government is very happy indeed to recognise the fruitful results obtained by the Health Organisation of the League of Nations, and is greatly interested in the activity of this organisation. For these reasons, the health authorities as well as the medical circles in Japan are always ready to co-operate with our Health Organisation, whose work they follow with marked interest.

It is obviously necessary, in order to make co-operation with the Committee as close and continuous as possible, to take account to a certain degree of the number of its members. This point has, indeed, not escaped you. The note submitted by the Secretary-General regarding the constitution of the new Health Committee was adopted without change by the Council of the League of Nations in December last. This note shows that, though other great Powers have the very appreciable advantage of being represented respectively by two delegates, this is not absolutely and entirely the case so far as Japan is concerned, since Japan, up to the present at any rate, has only been called upon to send one representative to the Committee.

At the December session of the Council of the League of Nations, Viscount Ishii expressed his opinion on this point, which was to the effect that the representation of the various nationalities left something to be desired in the view of the Japanese Government. Nevertheless, Viscount Ishii made no objection to the list chosen by the Bureau of the Committee, and this list is to be found in the note of the Secretary-General to which I have already referred. In other words, Viscount Ishii did not desire to ask the Council to nominate a second Japanese representative on the new Health Committee. Nevertheless, he reserved, on behalf of his Government, the right to make a proposal regarding the matter when the opportunity arose.

In these circumstances, I express the hope that the Health Committee will take into consideration at some future date the question of the appointment of members of the Committee whose terms of office shall expire in three years. Finally, I would add that I would like to give my views regarding the question of the experts who are to be additional to the members of the Committee.

Professors Nocht, Ottolenghi and Pittaluga came to the table of the Committee.

The PRESIDENT welcomed the three assessors of the Committee and regretted the absence of Professor Cantacuzène, who was still prevented from attending through an accident of which he had been the victim. He felt sure that all his colleagues would empower him to send their best wishes for the complete restoration to health of the various members of the Committee who were ill.

*The proposal of the President was adopted.*

Professor NOCHT, speaking for his two colleagues and himself, thanked the Committee for the honour paid to all three of them. They would do their best to show themselves worthy of it.

The PRESIDENT felt sure that he was speaking for all his colleagues in associating himself with the observations of Mr. Brock concerning the co-operation of women in health matters. He hoped that it would be possible, when the experts were appointed, to give satisfaction to the British Ministry of Health. These observations also applied to the remarks of Dr. Tsurumi.

The President proposed that the Committee should discuss the question of the appointment of experts at a future meeting.

*The proposal of the President was adopted.*

### 276. Election of Vice-Presidents.

Dr. JITTA, after having thanked the Committee for the honour which it had done him in electing him Vice-President for 1926, together with Professor Chagas, proposed that Professor Nocht and Dr. Tsurumi should be elected Vice-Presidents for 1927.

*This proposal was unanimously adopted.*

Dr. TSURUMI and Professor NOCHT thanked the Committee.

### 277. Programme of Work for the Session.

The PRESIDENT noted that the agenda was not very heavy. He thought it necessary, in order to meet a generally expressed wish of the members of the Committee, to give them a little time to consider the method of work. In this connection, the Bureau proposed, in particular, to submit a little later a plan of the division of the work between the Health Committee and the Permanent Committee of the Office international. This plan had been drawn up in consultation by the Bureaux of the two Committees.

### 278. Examination of the Resolution adopted by the Assembly at its Seventh Ordinary Session regarding the Expenditure involved by the Publication of the Minutes of Advisory Committees and of Conferences convened by the League.

Dr. RAJCHMAN drew the attention of the Committee to the following resolution adopted by the Assembly at its seventh session :

> " The Assembly,
>
> " While appreciating the results of the sale of publications and approving the proposals submitted to it by the Supervisory Commission and the Secretary-General

relative to the extension of these sales and a stricter supervision of the employment of the grants for printing ;

" Decides to draw the attention of the Advisory Committees and the Conferences convened by the League to the heavy expense entailed by the publication of their Minutes and requests them to consider whether the publication of their discussions would not frequently be better effected by means of a detailed report giving as exactly as possible an account of their work ;

" Decides that the Minutes of Sub-Committees will in no case be published unless a formal request, containing a statement of the reasons for such a course, is submitted to the Council through the Secretary-General ;

" Requests the Supervisory Commission to report to it again next year on the printing expenses and to indicate the saving effected in consequence of this decision. "

The Medical Director had already informed the small Committee formed within the Secretariat to examine this question that the Health Committee during the past years had never published the Minutes of its Commissions, and that the Minutes of the Committee itself were kept as short as possible.

The PRESIDENT stated that, in fact, it would appear impossible not to publish the Minutes, for they contained a summary of the observations made by the members of the Committee, were the only official record of its work, and formed the basis of its entire activity. If the Committee showed itself in agreement with these observations, he felt sure that the Assembly would be satisfied.

*The observations of the President were approved.*

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## SECOND MEETING

*Held on Tuesday, February 15th, 1927, at 10 a.m.*

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Present : All the members of the Committee or their substitutes, with the exception of Dr. Carrière, Professor Chagas, Surgeon-General Cumming, Colonel Graham and Professor Jorge.

### 279. Influenza Epidemic of 1926-27.

Dr. RAJCHMAN submitted and commented on the note drafted by the Health Section on the influenza epidemic of 1926-1927 (Annex 123). He explained how, owing to the disquieting news which came from certain parts of Europe, and as the result of requests for information from Surgeon-General Cumming, Chief of the United States Public Health Service, and from Dr. Cumpston, Director-General of the Commonwealth Health Department of Australia, he had, with the approval of the President of the Health Committee, sent a circular telegram to all the European health administrations, asking them for precise information in regard to the influenza epidemic. In the first week, replies had been received from the majority of the European administrations, and in the second week these replies began to arrive regularly. As there were objections to the publication of bulletins owing to the impossibility of having them forwarded rapidly to the countries concerned, it was decided to make use of wireless telegraphy, and, thanks to the kind intervention of Dr. Hamel, the German Government had agreed that the Transocean Wireless Service should send by wireless through the Station of Nauen the information supplied by the Health Section.

Referring to the experiments made at Saigon, thanks to the initiative of Dr. L'Herminier, in the transmission of information from the Singapore Bureau, the Medical Director explained some of the difficulties encountered in the transmission and receipt of wireless news.

The Health Section proposed to draft, on the basis of information received, a memorandum describing retrospectively the progress of the epidemic. He gave a list of the principal points in regard to which the Section would like to be informed by the health departments. These points would be found in Annex 123. In regard to the second point (number of cases recorded in the various parts of the country so far as it was possible to determine the incidence of the disease), he would draw attention to the importance of ascertaining, in connection with this epidemic, to what extent the morbidity statistics of sickness insurance might be used in order to complete the mortality figures published by the Health Section.

The PRESIDENT thanked and congratulated the Medical Director, together with his colleagues, on the steps which had been taken by the Section. He had been in a position

to note that these steps had been very cordially welcomed in the various countries. It would have been inconceivable for the Health Organisation of the League to neglect to take an interest in this epidemic, which had given rise to some alarm throughout the world.

Dr. Lutrario said that the publication of the reports of the Health Section had enabled the various countries to follow the influenza epidemic which, without being as serious as that of 1918-1919, nevertheless afforded an opportunity of making a very useful enquiry. There was no sickness insurance in Italy, but the information services established in the great centres had furnished information which was fairly precise, and which enabled the inference to be drawn that in his country the influenza epidemic had been relatively slight, and that there had not been any appreciable difference between the general mortality rate and the mortality rate during the weeks in which the epidemic had raged. He noted that none of the bulletins published by the Health Section had made any reference to cases of encephalitis lethargica, though in certain countries it appeared to be believed that there was a certain relation between this disease and influenza. It should be observed, from the point of view of epidemiological information, that this was the first time in the history of the Health Organisation of the League that it had been possible to follow closely a general epidemic, basing the observations on official data. This was an important event in the records of international health. Henceforth, the organisation of the Health Section, in the matter of epidemiological information, would rest upon a sure basis and be in a position to render the greatest services to the various health administrations.

He would refer to the efforts which he had already made on the Permanent Committee of the Office international d'hygiène publique when the question of the modifications to be introduced into the Health Convention of 1912 were examined. At that time, as the result of the impression made by the epidemic of 1918-1919, it was proposed that the Convention should cover influenza epidemics of a serious character. This effort had not met with success, as there was at that time no basis for epidemiological investigation making it possible to draw up guiding rules which were not of a purely hypothetical character, more particularly as regarded preventive measures. The confusion which arose in 1918-1919 as to the respective importance of the various preventive measures proposed would be remembered. The effectiveness of certain measures was proclaimed in certain countries and disputed elsewhere. It seemed that the report which the Health Section was to prepare would furnish an excellent opportunity of clearing up as far as possible the question of preventive measures against influenza. An endeavour should be made in this report to draw attention to the preventive measures adopted and the real results which might be attributed to them.

There was also the important question of the results obtained from bacteriological research. It was well known that the information available to-day was inadequate as regarded influenza, and scientific circles had unanimously expressed a desire to have researches conducted for the discovery of the specific agent of this infection.

Dr. Jitta associated himself with the tribute paid to the Medical Director of the Health Section. Compulsory notification did not exist in the Netherlands, as medical circles in that country did not attach any importance to it. The information available on the influenza epidemic, furnished principally by the medical services of the towns, showed in particular that in the large cities, in which the medical services worked satisfactorily, from 15 to 20 per cent of the officials had been more or less ill for several days. In the hospitals, the proportion of persons affected had risen to 25 per cent among the nurses. Pending a law on sickness insurance, which was at present only in draft, the statistics of the Netherlands were based on data furnished by private societies. He would hand to the President a chart established by one of these societies showing the number of sick persons in December 1924, December 1925 and December 1926. The number of victims had increased from 180 in 1924 to 250 in 1925, and the figure had increased gradually during the first days of January 1927 from 210 to 660, to be reduced again as from January 10th, until on February 12th it had fallen to about 200, which was normal.

Even if these statistics, somewhat hastily established, were not entirely correct, the influenza epidemic appeared to be responsible for the rapid increase of sickness shown in December 1926 and January 1927. As regarded mortality, the figures furnished by the statisticians showed that, in December 1926, the deaths caused by influenza had risen from 79 to 180. Of those, 100 were persons more than 60 years old, and 35 were children.

Dr. Jitta was not optimistic as regarded preventive measures; he did not think that it would be possible—for some time perhaps—to determine the preventive measures to be taken against influenza.

He had no information to give in regard to encephalitis lethargica, but would like to refer for a moment to meningitis. This disease was not frequent in the Netherlands. Out of 271 cases observed in 1925, the meningococcus had been discovered in 13 cases, the pneumococcus in 19 cases and the *B. influenzæ* in 3 cases. In 1926, out of 219 cases, the meningococcus had been discovered in 6 cases, the pneumococcus in 6 cases, and the *B. influenzæ* in 7 cases. The striking fact was the frequency with which the pneumococcus was found in cases of meningitis, particularly in December and January. Perhaps this fact had something to do with the large number of cases of pneumonia which were recorded. If the same fact were observed in other countries, it would provide a useful subject for research.

Professor Alfaro thanked the Medical Director for the enquiry which he had undertaken. It had a special interest for distant countries, particularly for immigration countries like the Republics of South America. No influenza epidemic had been noted in Latin America

this year, but it might reach South America some months later, as had been the case with the European epidemic of 1918-1919.

The statistics asked for by the Health Section were now being prepared in the Argentine. There was no system of health insurance in that country; on the other hand, the mutual benefit societies were powerful and it was partly on the basis of the figures furnished by those organisations that an endeavour would be made to establish the morbidity statistics.

Professor Pittaluga said that the health administration of his country had realised fully the importance of the enquiry being conducted by the Medical Director. A small number of cases of encephalitis lethargica had occurred in Spain towards the middle of January; two or three of them had been in Madrid. It should be borne in mind that there might be a connection between the two diseases. It was to be observed that the epidemic of influenza appeared, on this occasion, to be closely connected with a certain season of the year, while, on the other hand, past epidemics, especially the epidemic of 1918-1919, had extended over a very long period. On the present occasion, the statistics were almost superposable chronologically in the case of all countries. This might lead to an investigation of the coincidence of the influenza epidemic with climatology and meteorology, provided that there was no recurrence of the present epidemic, which appeared to be now drawing to a close. Perhaps the Health Section, despite the heavy work which it was doing, could undertake an immediate enquiry in this direction.

Dr. Chodzko emphasised the importance of the observations of the Medical Director regarding the use of the statistics kept by health insurance companies. These companies existed in Poland and the first information regarding influenza came from them. It would be very useful to introduce the statistics of the health insurance companies into the system of mortality statistics, if not into the general morbidity statistics. It was to be hoped that the special Committee of the Health Committee would investigate this question and that a favourable result would be obtained. The solution of this problem would be of great use for prophylactic purposes not only as regards influenza but as regards infectious diseases in general, for example, typhoid fever. No cases of encephalitis lethargica had been noted in Poland during the recent influenza epidemic. Some years previously Dr. Chodzko had submitted a memorandum on the subject to the Office international, but neither on that occasion had a connection between the two diseases been noticed.

The psychological effect of the publication of the reports of the Health Section should be noted. Public opinion had been profoundly alarmed by the Press reports when the influenza epidemic had begun in Europe and the publication of the reports of the Health Section had taken place at a convenient moment to enable doctors to reassure public opinion.

Dr. Tsurumi joined in the congratulations addressed to the Medical Director. He recalled that, at the time of the International Health Conference, the question of considering the advisability of including influenza in the Convention had been raised. In view, however, of the difficulties of settling what preventive measures should be taken, this disease had been left outside the scope of the Convention. Nevertheless, it had been unanimously agreed that the various countries should receive regular information regarding influenza incidence. Thanks to the Health Organisation, this desire had been met. He hoped that it would soon be possible to find the best preventive measures. He would also be very interested to know what results had been obtained by chemical and bacteriological research during the present epidemic of influenza.

The President noted that the enquiry to be carried out by the Health Section must be twofold :

(1) The object of this enquiry must be to collect information promptly and to distribute it immediately ;

(2) The final report, based on the information which it had been possible to obtain, must endeavour to reply to the question raised by Professor Pittaluga, namely, whether the influenza epidemic had broken out simultaneously in all countries of the world or whether it had moved on a definite path from one country to another.

From a bacteriological point of view, the absence of certain statistics was to be regretted. It would appear that the Pneumosintes bacillus discovered in the United States was not generally recognised to be the real influenza microbe. Other researches were not any more conclusive and were often contradictory.

Dr. Lutrario had been right in drawing attention to the usefulness of information regarding the prophylactic measures taken and the results obtained—for example, the question of closing schools, theatres, cinemas, dance-halls, etc. Vaccination had been employed fairly widely in 1919, especially in England and the United States. The President thought that he was right in saying that such measures had been taken as regards the British army. It would be interesting to have an official account of the results obtained. The question had not arisen during the recent epidemic, but might arise if a graver epidemic broke out.

There was next the question of the quarantine of islands. In 1918-1919, some islands had remained free of the disease, thanks to a very close quarantine. It would be of interest to discover whether this measure had been adopted during the recent influenza epidemic. In Denmark, the Faroe Islands had been placed in quarantine.

In 1918-1919, it had been thought that the epidemic of 1890 had left a certain amount of immunity as regards influenza. The same phenomenon did not appear to have been noted this year. This question could usefully be investigated. Despite the burden of work entrusted

to the Health Section, the President hoped that the Medical Director would be able successfully to complete the enquiry which had been so well begun.

Dr. RAJCHMAN desired to reply to the various members of the Committee.

*Measures taken and Results obtained.*

The Health Section had already, in its circular letters, asked health administrations to keep it informed of the prophylactic measures which had been taken. The Health Section could only collect this information ; it was for the members of the Committee themselves to examine it and form an opinion of its value.

*Quarantine.*

It would be of interest to ascertain whether this measure had given results, but, even if the reply were in the affirmative, the experience gained would certainly not be conclusive, for it would be impossible to form a definite opinion based on observations made during a single influenza wave.

*Bacteriological Research.*

The new investigations mentioned by the President would probably be of great use. It might perhaps be useful for the President to get into touch with some of his colleagues with a view to carrying out some comparative research on the basis of the work undertaken. This might give more interesting results than those which would be collected by the Section on the basis of information furnished from routine examinations.

*Encephalitis lethargica.*

Up to the moment, no reports of the increase in the number of cases of this disease had been notified. The Health Section could, without any difficulty, insert in its monograph on influenza any statistics which could be collected on this subject.

*Latin America.*

The Health Section would be grateful for any statistics which Professor Alfaro could supply regarding his country. During the journey which the President and the Medical Director were to make in Latin America, it might perhaps be possible to make the necessary arrangements to obtain similar statistics for the other countries of South America. The Health Section had asked Surgeon-General Cumming, with the assistance of the Pan-American Bureau, to give it information regarding the two Americas. No information from that source, however, had yet been forthcoming.

*Seasonal Incidence.*

The Medical Director recalled that the President was to deliver a lecture in Paris on the seasonal cycle of epidemics. The President might perhaps be good enough to give his colleagues in private a foretaste of what he would say at this lecture.

The Medical Director thanked Dr. Chodzko for having emphasised the moral effect produced by the publication of the bulletins of the Health Section. He was sure that the European Press had exaggerated the gravity of the epidemic. Nevertheless, it was to be noticed in Weekly Summary No. 50 (ninth special report on the influenza epidemic), February 11th, 1927, that in Bulgaria for the week ending February 5th, 1927, there were 109,343 cases of influenza. The contents of this ninth report had been forwarded telegraphically to all the Balkan countries. It would be interesting to discover the reason for such a large number of cases. The Medical Director thought that the attention of the Malaria Commission also should be drawn to this fact. He would recall the grave epidemic of scarlatina which had occurred last year in Bulgaria. Perhaps this might constitute a means of carrying out a closer enquiry into the epidemiological aspect of the question. The Medical Director also wished to draw the attention of the Committee to the information received from China and the Far East through the Singapore Bureau.

In order to prevent any misunderstanding regarding the character of the future report by the Health Section, the Medical Director explained that it would consist solely of a collection of the information furnished by health administrations, together with a general note summarising the statistics received, and laying special emphasis perhaps on certain points. It would not, however, be a very detailed study of the epidemic. He hoped that this report might be published in September.

## 280. Constitution of the Commissions.

### 1. *Technical Commissions of the Committee.*

Dr. RAJCHMAN, after having read the first and sixth paragraphs of Article 10 of the Rules of Procedure, summarised the position of the various technical Commissions, the terms of office of which had come to an end at the same time as that of the Committee.

*Budget Commission.*

This Commission was composed of the President, the Vice-Presidents and the Medical Director.

*Far Eastern Commission.*

He would propose that the case of this Commission should be examined when the question of the Bureau of Singapore was discussed.

2. *Commissions meeting between the Sessions of the Committee.*

*Commission on Public Health Instruction.*

Professor Léon Bernard had intimated that he was ready to recommend not that this Commission should be dissolved but that its activities should be suspended for the moment. Professor Léon Bernard would remain the Rapporteur of the Commission, and would invite his colleagues to finish the work in progress. There was accordingly no reason to renew the mandate of this Commission.

*Malaria Commission.*

This Commission was in full activity, and it was clear that it should continue its work.

*Cancer Commission.*

The question of this Commission was reserved in the absence of Sir George Buchanan, who was its Chairman.

*Tuberculosis Commission.*

The Medical Director believed that Dr. Tsurumi, Chairman of this Commission, held the same views as Professor Léon Bernard, it being understood that the Commission would resume its work if a definite problem should come up for examination.

*Opium Commission.*

The work of this Commission was already finished, and Dr. Carrière remained Rapporteur to the Health Committee.

*Temporary Mixed Commission on Anthrax.*

The members of this Commission had agreed on a programme of laboratory work. The International Labour Office, which was represented on the Commission, had expressed its intention of approaching the laboratories directly, with a view to certain researches which it considered to be urgent.

*Permanent Standards Commission.*

This Commission was in full activity.

*Commission on Smallpox and Vaccination.*

The question of this Commission was reserved pending the arrival of Professor Jorge, who would no doubt be of the opinion that the report submitted to the present session would to a large extent cover the instructions which it had been given.

3. *Commissions composed exclusively of Experts.*

*International Commission for Sleeping-Sickness.*

An Italian member, Dr. Peruzzi, had just been added to this Commission, towards the general expenses of which the Italian Government had promised to pay a subsidy of 50,000 lire. The Commission would continue to work in Equatorial Africa until June 30th, and would meet in Europe, probably at the end of July or August, in order to establish its final report. An interim report had already been drafted. An International Conference would doubtless have to be convened before the end of the year to discuss the results of the work of this Commission.

*Commission of Experts for the Study of Sleeping-Sickness and Tuberculosis in Equatorial Africa.*

As the term of office of the previous Commission was about to come to an end, the Commission of Experts should be maintained.

*Health Experts in Infant Welfare.*

These experts had begun a very interesting enquiry, to which reference would be made at a subsequent meeting. The Committee would doubtless provide it with the necessary credits.

*Commission of Expert Statisticians for the Revision of the International List of the Causes of Death.*

This Commission would meet in March.

Professor Ottolenghi, without wishing in any way to enter into the question whether or not the term of office of the Temporary Mixed Commission on Anthrax should be renewed, explained that this Commission had for the moment interrupted its work—after several meetings and discussions—because it had reached the conclusion that the method which it was most important and urgent to try was that of M. Hailer, and that it was necessary first of all to invite M. Hailer to its meetings and to discuss with him several special points in connection with the carrying out of his method in order to avoid any risk of running into useless expense by undertaking experiments before this preliminary examination had been made. The above decision had been taken in October of last year and since then the Commission had not met again, nor had those of its members who were members of the Health Committee received any communication on the subject from the Health Section.

Dr. RAJCHMAN observed that, as it was a Mixed Commission, it would be necessary for the International Labour Office to take a decision. In this connection, he would read a letter, dated February 3rd, 1927, which he had received from M. Fernand Maurette, Head of the Research Division of the International Labour Office. It appeared from this letter that the International Labour Office had secured the means to continue and bring to a conclusion the bacteriological researches undertaken by the representatives, on the Mixed Commission, of the Industrial Health Committee of the International Labour Office. It was understood that the result of all these enquiries, undertaken on behalf of the Mixed Commission and in connection with it, by the experts of the International Labour Office would be submitted for critical examination to the Health Committee of the League of Nations. If the Health Committee accepted the procedure suggested by the International Labour Office, the Mixed Commission would be able to meet when the enquiries in question were finished.

*This proposal was adopted.*

Dr. TSURUMI recalled the fact that the problem of the research into tuberculosis had been considered by the Committee both as the result of the resolution of the fifth ordinary session of the Assembly, adopted on the proposal of the representative of the Kingdom of the Serbs, Croats and Slovenes, and at the request of the International Conference on Tuberculosis held at Lausanne, as well as at his own request.

The reasons for these various proposals had all been the same. The Health Committee, as an international organisation, must assume the duty of investigating in detail this important question from the social and scientific points of view.

In actual fact, up to the moment, research into certain questions of a scientific and social kind had been begun, and a very detailed social enquiry was in progress in the Scandinavian countries. Much still remained to be studied, however, before a reply could be given to the Assembly's request.

Accordingly, Dr. Tsurumi would propose that the Secretariat should be instructed to co-operate with himself regarding the question, and that, if necessary, a small commission of experts should be set up to deal with it. In these circumstances, he saw no objection to adopting the suggestion of the Medical Director.

The PRESIDENT added that the three Scandinavian experts had almost finished their work and that they expected to meet in two or three weeks. The statistics collected were sufficiently comparable to make it possible to count on a useful result.

Professor NOCHT asked that his place should be taken on the Permanent Standards Commission by Professor Kolle.

*This proposal was adopted.*

Dr. JITTA asked, with regard to the work of the Cancer Commission, that the Committee should consent to the continuation of the researches begun in the Netherlands.

Dr. RAJCHMAN explained that the work of all the technical Commissions would have to be continued until it was completed.

### 281. Request of the Swedish Government for an Opinion on Article 8 of the Opium Convention of 1925 : Observations of the various Governments concerning an Enquiry into the same Article.

Dr. RAJCHMAN submitted a memorandum (Annex 124). By the terms of the Geneva Convention, when a request was submitted by a Government in conformity with Articles 8 and 10, the Health Committee was required to ask the Permanent Committee of the Office international for advice and a report and to take a decision on this basis. The case had already arisen regarding eucodal and dicodide. Up to the present, however, the question had only been brought to the notice of the Health Committee ; that Committee had not yet taken an official decision regarding it. As the question now raised was of particular interest to a State Member of the League, the Medical Director proposed that it should be placed on the agenda of the next session so that the Health Section might be able to submit the necessary information to the Committee.

The Committee would recall that the Opium Conference had decided, after it had adopted the Convention, to ask the Council to request the Health Committee to put into force without delay the procedure concerning Articles 8 and 10 as though the Convention were already ratified. The Committee had decided, in consequence, to send a circular letter to the Governments asking them to make proposals regarding the preparations which should be exempted from falling under the terms of the Convention. In fifteen months twenty-three replies had been received, of which thirteen contained a list of drugs which, in the opinion of the Governments concerned, ought to be exempted from the provisions of the Convention.

It had been thought desirable to await other replies before submitting the question to the Health Committee, but a month previously the Swedish Government had laid the question before the Secretary-General in a somewhat different form. That Government hesitated to ratify the Convention for the reasons explained in its letter which was contained in Annex 124 (Appendix 111). The decision of the Swedish Government regarding the ratification of the Convention would depend to a certain extent on the decision to be taken by the Committee.

As far as the question raised by the Swedish Government and the replies of the other Government were concerned, the procedure was to request the Permanent Committee of the Office international to furnish a preliminary report. Owing to the presence at Geneva, however, of the Presidents and Directors of the two organisations, as well as for reasons of economy, it would be useful to reach an understanding at the present session regarding the experts to be appointed. It might perhaps be desirable to suggest to the Office international that it should invite pharmacologists who were nationals of the countries concerned, it being understood that the Health Committee could but decide to submit the question to the Permanent Committee, while reserving its right to take its own decisions.

Dr. POTTEVIN agreed with the Medical Director.

*The suggestions of the Medical Director were adopted.*

**282. Summary of the Present Activities of the Health Organisation : Note by the Medical Director** (Annex 125).

The note by the Medical Director was read.

A. *Work entrusted to the Health Section by the Health Committee at its Eighth Session.*

With regard to the question of the List of Causes of Death, Dr. JITTA desired to have instructions for his guidance and for that of Professor Léon Bernard, since they had been requested to take part, as doctors, in the work of the International Institute of Statistics (Annex 126).

Dr. RAJCHMAN recalled that the resolution of the Committee had been adopted on the proposal of M. Velghe and Dr. Jitta and that Sir George Buchanan had agreed to it. Apart from the special Committee set up by the Institute, a small Committee would meet at Geneva, in conformity with the decision of the Health Committee, with the definite object of examining the replies of Governments to the circular letter despatched to them. The report of this Committee on the replies would be submitted to the Health Committee at its next session, when it would be called upon to decide whether a joint meeting would be necessary. In addition, a small Committee was investigating two definite proposals already made by the American Public Health Association and by the Conference of Scandinavian Associations, whose President would come to Geneva in March. At that date, therefore, considerable preparatory work would have been accomplished. That work would be published and, though it would not remain the exclusive property of the Health Committee, it would be for that Committee to decide the exact date of the proposed meeting.

Dr. TSURUMI asked whether the members of the Committee would shortly be given the information from Czechoslovakia on physical culture. He desired to know what procedure would be followed in the investigation of this question.

Dr. RAJCHMAN replied that this information would be immediately distributed to the Committee. In reply to the second question of Dr. Tsurumi, he explained that the work of the Section was still in the investigation stage. It was only on the basis of the results of this investigation, which would probably be completed in four or six months, that the Section would be able to make definite proposals.

*Chapter A was adopted.*

B. *Work of the Commissions.*

The part of the Medical Director's report concerning the work of the Commissions was read.

With regard to paragraph *(a)* of Item 3 (Malaria Commission), Dr. LUTRARIO said that the Malaria Commission would not be able to submit the official text of its report at the present session. He hoped that, before the next session of the Permanent Committee of the Office international d'hygiène publique, the Malaria Commission might be able to hold an extraordinary session in order to complete this report.

Dr. Lutrario wished to take this opportunity to mention that the courses on malariology which had been held at Hamburg, London and Paris had aroused great interest in the countries to which the persons who had attended them had belonged. He was glad that the Health Section, in drawing up its new programme, had taken account of the observations made by the Directors of those courses. In view of certain statements which had appeared in the Press, Dr. Lutrario would recall that Italy, where the struggle against malaria had been pursued for centuries, was a field particularly adapted for instruction in malariology, not only from the epidemiological point of view but also from the point of view of prophylaxis, for every kind of preventive measure had been tried in that country. In passing, he would draw attention to the recent Italian law concerning major "bonifications" which fully interpreted the basic idea of this fundamental method of sanitation. The special conditions existing in Italy had moved the Italian Government quite recently to establish an advanced School of Malariology, to which all countries of the world could send their technical experts. The countries of Latin America had already decided to send pupils to this School. The new courses would be attended by doctors,

engineers, farmers and all persons interested in the question. The School would be attached to the University of Rome and the lectures would be given by the professors of that University. The lectures would be accompanied by practical work. In addition to systematic instruction, lectures by foreign and Italian experts would be given. The School would be divided into clinical and economic sections. Its programme covered all questions concerning malariology, including a special study of certain industries which might cause the spread of malaria (rice-growing) and of the legislation of Italy compared with that of other countries. Visits of inspection would be made to malaria-infected places and places the condition of which had been or was being improved. The course would last six months, and at the end of it an examination would take place and a degree would be given. The School would be opened in May next.

Dr. Lutrario was glad to be able to report on this new scheme, the utility of which was very clear. This scheme would certainly be productive of the best results for the progress of the campaign against malaria.

Dr. RAJCHMAN drew attention to the fact that the field work on malariology organised by the Committee, with the assistance of the Italian Public Health Department, would also begin in Italy about the same time. As the replies of the health administrations were awaited, together with the appointment of malariologists for the proposed field work, the Medical Director wished to avoid any further initiative in Italy which might overlap the new plan of the Italian Government. He explained that, as far as Italy was concerned, it was merely a question of field work.

Dr. LUTRARIO thought that there would not be any overlapping. It would be useful, however, to come to a preliminary agreement with the Italian Foreign Office so that the various points of view might be co-ordinated. Dr. Lutrario himself would be responsible for obtaining that agreement, so that all misunderstanding might be avoided.

Dr. RAJCHMAN felt it necessary to explain his idea of the matter. At the October session, the Health Committee, acting on the report of the Chairman of the Malaria Commission, had decided to renew the three courses on malariology as well as the field work. On the basis of this resolution, which had been approved by the Council, the Section had organised the courses provided for and had published a pamphlet which had been distributed to the Committee. As far as Italy was concerned, it was a question merely of field work and in no way of systematic instruction, which had hitherto been carried out in Hamburg, Paris and London. It would be of great interest if the Health Section could inform all health administrations that, in addition to the three centres at Hamburg, Paris and London, a permanent centre was about to be established in Italy, all the more so as the instruction given in the new School would be of a different character. The Medical Director thought he could interpret in this sense the statements of Dr. Lutrario and that the Italian Government would inform the Health Committee of this matter; the Health Committee would certainly ask its Malaria Commission to examine the question immediately.

Dr. LUTRARIO felt it necessary to remind the Committee that the initiative taken for the establishment of the School at Rome had been very recent; it dated back only a few weeks. In October last, nothing had been done in this connection.

With regard to the paragraph in the report concerning the problem of child welfare, Professor ALFARO referred to the deep satisfaction aroused in the countries of Latin America by the decision taken by the President and by the Medical Director to visit those countries. They would be received with the gratitude of the population and of the Governments.

Referring to the paragraph regarding the Smallpox and Vaccination Commission, as well as the paragraph dealing with the Conference of health experts on infant welfare, Dr. RAJCHMAN drew attention to the fact that, thanks to the agreement reached with Dr. Pottevin regarding the circulation of the technical reports of the Health Committee by means of the *Bulletin* of the Office international d'hygiène publique, two reports submitted to the Committee on these questions would for the first time be published as part of this *Bulletin*. In future, thirty to forty pages of the *Bulletin* would be placed at the disposal of the Committee every month. The Health Section proposed to print there the technical reports when they had been approved by the Committee.

The report of the Smallpox and Vaccination Commission might be examined after the arrival of Professor Ricardo Jorge.

The report of the Conference of health experts on infant welfare contained a very detailed plan of enquiry into the causes of death in the first days of infancy in certain urban and rural districts of Great Britain, Norway, France, the Netherlands, Austria and Germany. The experts had met in Paris in January to settle in detail the lines of their investigation, of which the principal object would be to make as exact a diagnosis as possible of the causes of each death noted in 1927 among the infants in the districts chosen, and would include a detailed description of the medical, administrative and social measures adopted to combat infantile mortality in those districts. The diagnosis would be drawn up from the threefold point of view, medical and hygienic, pathological and social. With the exception of the enquiry organised some years previously in the Netherlands, this examination would probably furnish results which were superior to any at present available, especially if account were taken of the mediocre nature of the information at present in hand. The German expert, Dr. Rott, had proposed that the enquiry should be extended to cover all births in the chosen districts. A precedent

for such an enquiry existed in the investigation which had been carried out in the Netherlands. The experts had, however, hesitated before the size of such a task. They proposed to examine the possibility of such an enquiry and to discuss the matter at their next meeting.

In order to make it possible to compare the results obtained in the various countries, the experts had drawn up a uniform questionnaire. In addition, a member of the Health Section had been instructed to establish a liaison between the various enquiries. This liaison was particularly desirable in connection with the proposed enquiry in South America. The experts had decided to send to the South American nations concerned a very detailed description of the four districts chosen. These nations would then be kept informed in the future of the progress of the enquiry in those districts.

Such an enquiry could not last longer than twelve months without special organisation and considerable funds. Nevertheless, as at present organised, it would require a certain amount of money, for the persons conducting the enquiry would have to provide themselves with highly skilled assistants. The experts would meet twice in the present year. At Vienna, in May, they would discuss the experience gained during the last months and also certain technical questions not directly concerned with their enquiry. The Section hoped to be able on that occasion to submit the information being collected at the moment, in accordance with the resolutions of the Committee, on the specific prevention of certain infectious diseases of children.

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## THIRD MEETING

*Held on Wednesday, February 16th, 1927, at 10 a.m.*

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Present : All the members of the Committee or their substitutes, with the exception of Dr. Carrière, Professor Chagas, Surgeon-General Cumming and Colonel Graham.

The President welcomed Professor Ricardo Jorge.

### 283. Nomenclature used for the Different Blood (Serological) Groups.

The President raised a question which was not on the agenda. The nomenclature used to distinguish the various blood (serological) groups was not the same in Europe and America. The resulting confusion was somewhat important, not only as regards questions of race but also as regards questions of heredity and of legal medicine. In various quarters it had been asked whether the Health Committee could not by some means cause a uniform international nomenclature to be adopted. This request had been made by Dr. R. Kraus, of Vienna, and Professor Nocht was supporting the President in making this proposal. The main difficulty arose from the fact that the problem was not one which could be dealt with by Governments. Nevertheless, in a certain number of countries, particularly in Denmark, the Governments were beginning to grant subsidies for the necessary research work. The President asked the Committee to authorise the Health Section to examine the question. It did not appear necessary to call an international conference since this was not a technical question but one of form; the problem might be partly settled by correspondence. Later on, a small number of persons might, if necessary, be asked to meet in order to examine the possibilities of reaching an agreement.

*The proposal of the President was approved.*

### 284. Summary of the Present Activities of the Health Organisation : Note by the Medical Director (continuation) (Annex 125).

*C. Current Activities of the Health Section.*

I. *Epidemiological Intelligence.*
II. *Interchanges.*

The two paragraphs of the Note of the Medical Director, as well as his observations regarding future interchange visits of health personnel, were read (Annex 131).

Dr. Rajchman said that, since drawing up the report, the Secretariat had received an official letter from the India Office, which had been distributed to the members (Annex 134).

Dr. Hamel said that the Government of the Reich and the German States concerned had gladly accepted the proposal of the Health Section to the effect that a collective interchange visit should be organised in Germany in the forthcoming September. The Governments in question had already prepared a preliminary programme. They would do their best to make the interchange visit as useful and agreeable as possible for all those taking part in it and would be happy if various nationalities could be represented at that interchange.

Dr. Tsurumi was happy to inform the Committee that the interchange of medical experts between the various countries and Japan was proceeding very satisfactorily, thanks to the good offices of the Medical Director. Professor Saiki, Director of the Imperial Institute of Nutrition in Tokio, who had come to Europe on the invitation of the Committee, would give an account that afternoon of the work of his Institute.

These interchange visits, which were undertaken on the initiative of the Committee, were very sincerely appreciated not only by the Japanese Government but also by the Japanese people. Dr. Tsurumi would not hesitate, therefore, to say that by this means the work of the Health Organisation was brought into great prominence in Japan. In these circumstances, he hoped that an interchange visit would take place as soon as possible and that a distinguished European professor would come to Japan as an exchange professor.

With regard to the interchange of health personnel of maritime ports, all the members of the Committee were convinced that this interchange had been fruitful, and that marked results had been noted following the study tours in the Mediterranean ports as well as in the North Sea ports. The report of Dr. Jitta on the study tours in the Baltic and North Sea ports contained the following passage :

> " The participants in the interchange have been able to see how a port ought to be arranged and to take account of the improvements which could be introduced in their own countries or elsewhere.
>
> " The relations which are set up will be of value to the participants as well as to those who directed the tour, for an exchange of ideas and of impressions cannot fail to be of great use, and a personal acquaintance with the staff of the various port authorities can lead to a collaboration greatly to the general interest. "

Dr. Raynaud, who had been in charge of a tour of the same kind in the Mediterranean, had submitted conclusions similar to those of Dr. Jitta.

No one could doubt the usefulness of tours undertaken in this spirit, particularly in certain parts of the world like the Far East, where cholera and plague epidemics often rage. Thanks to the Epidemiological Intelligence Service of the Singapore Bureau, light was shed at regular intervals on the health conditions in the ports of the Far East. It was desirable, however, that the health authorities in the various countries should communicate mutually in the near future the present situation of the ports in that region. Further, the execution of the new International Health Convention must be contemplated. It would be superfluous to insist on the fact that the exchange of information on the sanitary equipment available in ports as well as the good understanding between port officials constituted conditions which were essentially favourable for the putting into force of the Convention.

For these reasons, Dr. Tsurumi asked the Committee to organise a study tour as soon as possible in Far Eastern ports.

Dr. Rajchman reminded Dr. Tsurumi that financial reasons would make it difficult to organise next year an interchange visit to British India and an interchange of Far Eastern port doctors. The interchange visit to British India would be costly, and the total sum available next year would be less than the sum available during the present year. Nevertheless, partial satisfaction could be given to Dr. Tsurumi by arranging the return journey of the participants in the interchange visit to India in such a manner that they could spend a certain number of days in the ports.

Dr. Tsurumi had no objection to make to the suggestion of the Medical Director. He asked him, however, to endeavour to carry out an interchange visit of port doctors if the financial position permitted.

III. *Health Insurance.*

Dr. Rajchman suggested that the discussion of this subject should be postponed so that M. Maurette, representative of the International Labour Office, which was dealing with this matter at the same time as the Secretariat, could take part in the discussion on the following day.

IV. *Comparative Enquiry into Tuberculosis.*

No observations.

V. *International Health Conference at Melbourne (December* 1926).

Dr. Rajchman suggested that the resolutions referred to in this paragraph (Annex 133) should be discussed when the question of the Singapore Bureau came before the Committee.

The President reminded the Committee that the resolutions to be adopted were usually prepared by a Drafting Committee, consisting of M. Velghe and Sir George Buchanan.

*It was decided that* Mr. Brock *should replace Sir George Buchanan on this Committee.*

**285. Budget of the Health Organisation.**

M. VELGHE submitted the budget estimates for 1928 (Annex 135), and commented briefly on the figures. He drew attention to reductions which had been made in certain items, and pointed out that there was no margin in these estimates for unforeseen expenditure. The estimates had been kept as low as possible, and if the Assembly asked for any further expenditure, particularly in respect of questions affecting Latin America or the Far East, it would be necessary for the maximum figure, which had been fixed at one million gold francs, to be increased.

He reminded the Committee that the budget estimates referred only to expenditure sanctioned by the League. Other services received subsidies from the Rockefeller Foundation. Under the original agreement with this Foundation, the annual subsidy was to diminish year by year. As the result of recent negotiations with its representatives in Europe, it had been arranged that the agreement should be prolonged as regards the Epidemiological Intelligence Service and the study of Health Statistics. The terms of this agreement were briefly as follows. The agreements of September 1922 and May 1923 would be regarded as remaining in force as from January 1st, 1928, for a period of not more than seven years. It was provided, however, that the amount of the subsidy would be definitely fixed at 50,000 dollars for 1928, 45,000 dollars for 1929, 40,000 dollars for 1930, 35,000 dollars for 1931, 30,000 dollars for 1932, 25,000 dollars for 1933, and 20,000 dollars for 1934.

M. Velghe was sure that the Committee would desire to express its gratitude to the Rockefeller Foundation for this new proof of a fruitful collaboration. He wished to emphasise the importance of the epidemiological service of the League, and he expressed the hope that, as the subsidies allocated by the Foundation decreased, the League of Nations would be ready to make up any deficits that might result.

The PRESIDENT thanked M. Velghe for the work which he had done in establishing the budget. He would emphasise : (1) that the total of one million gold francs was a very close estimate compared with the work required ; (2) that the existing staff of the Health Section was working at extreme pressure, and should, if possible, be increased ; and (3) that the expenses of the interchanges were particularly heavy, especially when they were held outside Europe.

*The Committee agreed that a resolution should be drafted approving the budget,* drawing attention to the desirability of increasing the staff of the Health Section, and pointing out that, if the Assembly desired to increase the programme of interchanges, particularly by the organisation of further interchanges in the Far East or in South America, supplementary credits would be necessary.

**286. Proposed Agreement between the Health Committee and the Office international d'hygiène publique.**

M. VELGHE drew the attention of his colleagues to two memoranda which had been distributed, dealing with the agreement which the Health Committee and the Office international d'hygiène publique desired to conclude :

1. The International Health Convention of Paris of 1926 made provision for an agreement between the Office international and the League with a view to facilitating the forwarding of information to Governments on the diseases covered by the Convention. The Committee of the Office international had not hitherto been able to take a decision on this point. The Bureau had taken the opportunity to revise the scheme put forward last year and to bring it up to date.

2. In addition to the application of the Paris Convention, it had been thought useful to establish a closer connection between the Office international and the Health Section, in order the better to co-ordinate the work, to prevent duplication and to make it possible for each of the two organisations mutually to benefit by the work done by the other. It was with this intention that the second memorandum had been drafted.

M. Velghe urged his colleagues closely to examine these documents.

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## FOURTH MEETING

*Held on Thursday, February 17th, 1927, at 10 a.m.*

Present : All the members of the Committee or their substitutes, with the exception of Dr. Carrière, Professor Chagas, Surgeon-General Cumming, Colonel Graham and Dr. Lutrario. M. Maurette and Dr. Carozzi were also present.

**287. Summary of the Present Activities of the Health Organisation : Note by the Medical Director** (continuation) **(Annex 125).**

III. *Health Insurance.*

At the request of the CHAIRMAN, M. Maurette, chief of the Research Division of the International Labour Office, came to the table of the Committee.

The Medical Director's " Proposals in regard to the Further Study of Health Insurance in Relation to the Work of Public Health Services from the Point of View of Preventive Medicine " were read (Annex 132).

Dr. RAJCHMAN read a draft resolution on the question to which M. Maurette had agreed.

Mr. BROCK, after having recalled that he had dealt for sixteen years with the question of health insurance in England, said that the enquiry suggested by the Medical Director would certainly be of great value for all the countries concerned. A very complete report had been drawn up for England by the recent Royal Commission on the operations of health-insurance societies, and the future Committee would probably wish to examine it. The resolution in its present form did not cover the somewhat special case of Great Britain. In that country a clear distinction was invariably made between the financial administration of health insurance, which was in the hands of approved societies, and the medical services properly so-called, which were administered by the local and central authorities.

The appointment on the future Committee of representatives of the approved societies would not give that Committee all the assistance which it had a right to expect, for these societies never dealt with the medical aspect of the question. This problem would, therefore, have to be very seriously investigated so far as the members to be chosen by the International Labour Office were concerned.

Mr. Brock explained that he was making no detailed criticism of the resolution. He very warmly associated himself with the principle contained in it, and had no doubt that the British Health Ministry would be ready to give its support to any future work. Great Britain had certainly much to learn from countries with a longer experience in health insurance. Any mistakes which might have been made in Great Britain would serve as a warning to countries which were only just beginning to apply this system.

M. MAURETTE recalled that, according to the regulations in force in the International Labour Office, it was for the Governing Body to appoint the members of the expert committees in which the International Labour Office took part. To give satisfaction to Mr. Brock, it could be stated in the second sub-paragraph of paragraph 2 of the resolution that the members of the Committee representing health-insurance organisations must be chosen by the *Governing Body* of the International Labour Office. The Governing Body was composed of Government, employers and workers' representatives, and, as the experience of Great Britain in the matter of health insurance was essential, the Governing Body would, no doubt, take into account the observations made by the Government delegate of Great Britain. M. Maurette suggested that, when the question came before the Governing Body of the International Labour Office, the Government delegate of Great Britain should make use of the arguments relating to the special situation of his country; the Governing Body would certainly take them into consideration.

Mr. BROCK agreed with this suggestion.

M. VELGHE noted that the position of Great Britain was not unique. It was too often the custom for persons promoting any new organisation to remain in ignorance or leave out of their calculations anything which had been done previously. Thus, in many countries, the organisation of health insurance had been carried out without the intervention of the health authorities and therefore without the advantages which the co-operation of such authorities would have conferred.

The draft resolution before the Committee was of very great importance, for it would tend to remove the barrier which often separated the health insurance organisations from the medical services and from the health authorities. Those authorities, in view of the fact that they had charge of public health as a whole, could not refuse to take account of a movement which included a considerable part of the population, all the more so as the measures to be adopted, more especially for the prevention of infectious diseases, would have an inevitable effect on the remainder of the population.

Even if it would not be easy to put an end to the present position, the meetings of the future Committee would at least bring into touch with each other experts in the various circles concerned, and their exchange of views could not but be useful. It would then be for the Health Committee and for the International Labour Office to conduct an active propaganda with a view to ensuring that all health-insurance societies would follow the path pointed out by the experts. M. Velghe was confident of the success of the enquiry undertaken and of the fruitfulness of any steps taken by the International Labour Office in so far as the health-insurance companies were concerned.

Dr. HAMEL said he hoped that the ideas contained in the Medical Director's note would shortly be put into practice in Germany. The method followed in that country was very simple. Various organisations were concerned with preventive work. There were the authorities of the communes, towns, rural and provincial districts, various organisations of social insurance (insurance against illness, insurance against invalidity, insurance of employers and, lastly, private mutual-benefit societies). To prevent duplication of work, these organisations had formed groups contributing to a common fund, to which they paid in proportion to the number of their members. The machinery possessed by each organisation was at the disposal of all the others, and it was their unity which made it possible to meet any deficiencies noted. It would be possible to give this system a legal basis, thanks to a new law accepted by Parliament; this law gave the Government the power to give

instructions of a prophylactic kind with a view to collaboration on the part of these various organisations. These instructions were at the moment being drawn up.

Professor PITTALUGA explained that he had been instructed by the National Provident Institute of Madrid to draw up a scheme regarding the possibility of devoting a certain part of its reserve funds to works of improvement and to public health, to be carried out in agreement with the local medical authorities. This scheme had not been formally provided for in the proposed investigation, but the Committee of Experts would, no doubt, desire to take account of it, for it was of considerable interest.

M. VELGHE agreed. In Germany also, since a law had been passed in 1889, health-insurance companies were authorised to invest part of their funds in enterprises for the benefit of the insured members of the population and, in particular, with a view to improving housing conditions. The examination of this question ought not therefore to be completely removed from the programme of the experts. Nevertheless, the main object of their meeting must be the medical aspect of the question and, in particular, the prevention not only of diseases but of anything which could lessen the power of resistance of the individual. At the same time, they should endeavour to discover means of increasing that power of resistance. It was better, moreover, not to define too precisely the duties of this Committee, which would itself know how to limit its field of investigation.

M. MAURETTE entirely agreed with M. Velghe. Speaking for the International Labour Office, he assured the Committee that, when the Committee of Experts had reached its conclusions and when the latter had been adopted by the Health Committee, the International Labour Office would devote all its energy to causing these resolutions to be adopted by the health-insurance organisations represented at the meeting. Experience in Germany would be of the greatest interest, and would provide useful information. The proposal of Professor Pittaluga should be accepted, but the very fact that he had made it showed the necessity of providing in the Committee of Experts for the equal representation of organisations particularly concerned with the matter. As M. Velghe had pointed out, the future Committee would itself set a limit to its investigations. In this manner, and especially with regard to preventive measures, co-operation between the Health Committee and the International Labour Office would certainly give excellent results.

Dr. RAJCHMAN proposed to complete the first sentence of paragraph 2 by the words " and requests its Bureau to choose them ". As it was impossible immediately to appoint the experts, the Committee might perhaps leave this task to the Bureau. The Medical Director added that it was not necessary to mention the Council of the League of Nations expressly by name. Under the terms of Article 10 of the Rules of Procedure, the Council had formally reserved its right to appoint experts.

*The resolution was adopted* (*See Resolution III*, Annex 139).

M. Maurette withdrew.

## 288. Relations of the Health Committee with the Office international d'hygiène publique.

1. *Draft agreement submitted by the Bureau of the Office international d'hygiène publique and the Bureau of the Health Committee to both Committees.*

Document C.H. 478 (2) was read.

M. VELGHE said that the draft now submitted to the Committee differed very little from the text which had been discussed at Paris in June 1926. The two Bureaux had made two amendments in this text.

They had deleted the passage saying that the Office international should communicate the notifications thus received without delay to the diplomatic agents resident in Paris. This text was useless since the point was covered by the Convention. There was, moreover, no reason for it because paragraph 2 of the original text had been deleted.

This paragraph 2 had caused some hesitation in the Permanent Committee of the Office international, which, basing its view on the actual text of the Convention, had considered that it could not delegate its powers to such an extent as to appear to substitute another authority for its own. Further, this delegation of power concerned only European countries. The Office international had recognised that it would be advantageous for the Permanent Committee to deal with international organisations such as the Singapore Bureau. If the Office international could also arrive at an understanding with the Pan-American Bureau, and if a new organisation were established in Africa on similar lines, with which the Office international would also arrive at an agreement, it would be seen that paragraph 2 referred only to European countries. As regards these countries, there was no real use in contemplating the transmission of communications to Geneva rather than to Paris. Also, in order to dissipate all suspicion and to reply to the objections raised, the Bureau of the Health Committee, in a spirit of conciliation, had thought it opportune to delete paragraph 2, on the proposal of the Medical Director, who had thus furnished fresh proof of the loyalty of his intentions.

M. Velghe next summarised the provisions of the draft agreement. Referring to paragraph 3, he said that the Epidemiological Intelligence Service had, up to the moment, given complete satisfaction to all health administrations. This service must be maintained, and it would be

regrettable to diminish its importance by the adoption of a measure for the establishment of a corresponding service in Paris. Nevertheless, while maintaining the provisions regarding this service, care would be taken to stipulate that the publications made under the terms of the Convention would be made in the name, and under the responsibility of, the Office international d'hygiène publique. M. Velghe was sure that the co-operation between the Office international and the Health Section would become more fruitful, and that all his colleagues desired to maintain it and to do all in their power to obtain an agreement between the two organisations.

Dr. Tsurumi asked, in view of the deletion of the former paragraph 2, how information coming from Europe and received by the Office would be forwarded to the Far East.

M. Velghe replied that, after the Singapore Bureau had concluded an agreement with the Office international, communications from Europe for the Far East would pass through this Bureau as well as communications from the Far East to the Office international. It was better not to define exactly the method of transmission to be used, in order to enable the Office eventually to use the most appropriate methods and to act as best accorded with the circumstances. It was understood that the Office international could notify by telegram any country directly concerned and would be content with a less rapid method of transmission in the case of other countries. Full confidence could be placed in the Office, which would know how to organise the work so as to carry out fully the mission with which it had been entrusted.

Dr. Pottevin observed that it was possible even to contemplate the suppression of direct communication between the Office and European countries. If cases of a typhus epidemic were noted in Tahiti, for example, the Baltic Sea ports would be informed in sufficient time by means of the *Weekly Summary*.

*The draft agreement was adopted* (see Resolution VIII, Annex 139).

2. *Note on the Procedure contemplated for co-ordinating the Work of the Health Committee and the Permanent Committee of the Office international d'hygiène publique.*

Document C.H. 557 was read.

M. Velghe explained that the object of this note, drafted by the Medical Director and by the Director of the Office international, was to ensure the greatest possible amount of co-ordination, which was equally desired both in Paris and in Geneva, in the work of the two Committees. There were reasons for the existence of each of the two organisations but, although they had both carried out their respective tasks to the general satisfaction, there had been occasional cases of duplication of work, which had been mentioned by various Governments and at the Assembly of the League of Nations.

M. Velghe then analysed the *modus vivendi* submitted for the approval of the Committee. He thought that the authors of the note had covered all possible cases, and hoped that the note would be ratified by the Health Committee and by the Permanent Committee of the Office international d'hygiène publique.

The President emphasised the great usefulness of avoiding all duplication of work in the agenda and in the discussions of the two Committees.

*The text of the note was adopted* (see Resolution IV, Annex 139).

289. **The Singapore Bureau : Report of the Advisory Council on the Singapore Bureau** (Annex 136).

Dr. Jitta summarised the discussions which had taken place on the previous day in the Sub-Committee instructed to deal with certain questions concerning the Singapore Bureau, more particularly the co-operation of that Bureau with the Office international. The presence at Geneva of Dr. van Lonkhuyzen, Vice-Chairman of the Advisory Council, of Dr. L'Herminier, ex-Vice-Chairman, of Dr. Park and M. Kusama had made it possible for the Sub-Committee to reach satisfactory conclusions.

Dr. Jitta then read the report of the Sub-Committee.

With regard to paragraph 1, Dr. Rajchman suggested that mention should be made of the confidential character of the information, in view of the emphasis laid on this point by the Advisory Council.

M. Velghe would prefer to ask Dr. Pottevin to explain fully the unanimous opinion of the Committee rather than to summarise that opinion in a short resolution.

After an exchange of views, *it was agreed* that a footnote should be added to the resolution referring to the note which Dr. Pottevin would be requested to draw up, and that the Minutes of the meeting should be sent to the Singapore Bureau. The Bureau of the Committee was requested to draft the footnote.

With regard to paragraph 5, Dr. Rajchman explained that each country might send several representatives, but that the Health Organisation would only pay the expenses of one delegate per country.

*The text of the report was amended accordingly.*

Mr. Brock expressed regret that the Committee had found itself compelled to discuss this question in the absence of two of its members who were particularly qualified to take part in this discussion-Colonel Graham and Sir George Buchanan. The latter had been instructed by the health administration which he served to go to Singapore on his way back from Australia to obtain information on the spot. As far as Colonel Graham was concerned, it had not been possible for the Indian Government to allow him to come to Europe twice, first for the present session and then for that of the Office international d'hygiène publique. The British Health Ministry had not foreseen, when it had sent Sir George Buchanan on his mission, that the question would come up for discussion at this session of the Committee, and Sir George had asked Mr. Brock to ask the Committee to adjourn the discussion. Mr. Brock had not thought it necessary to urge this because the proposals of the Committee required the sanction of the Council and would then be submitted to the Office international for investigation. He would, however, reserve the full liberty of Sir George Buchanan, when the question was discussed by the Permanent Committee of the Office international, to make any proposal which he might think opportune as the result of the enquiry which he was conducting at the moment. Without being qualified to speak in the name of Colonel Graham, Mr. Brock anticipated that the Government of India would expect him to reserve Colonel Graham's freedom of action also. There was no reason, he thought, to suppose that the proposals of Dr. Jitta would give rise to any objection of principle on the part of Sir George Buchanan.

Dr. Rajchman recalled that Sir George Buchanan and Colonel Graham sat on the Health Committee in their personal capacity and not as representatives of their Governments. On the other hand, they were the official representatives of their Governments on the Permanent Committee of the " Office international d'hygiène publique ". They were obviously always free to adopt, on the Permanent Committee, an attitude which they would not adopt on the Health Committee. In November 1926, when forwarding the suggestions of the Office to Singapore, the Medical Director had written a long letter to Colonel Graham, as Chairman of the Advisory Council, in which Dr. Rajchman had strongly urged the importance of the discussions which would take place at the February session of the Health Committee. The agenda of that session had been communicated to Colonel Graham and it had been drawn up before the departure of Sir George Buchanan. From the replies of Colonel Graham, it appeared that he had desired the immediate examination of the question, while implicitly reserving, under the terms of the constitution of the Permanent Committee of the Office, his right to express the point of view of his Government at the meeting of the Permanent Committee.

Dr. Tsurumi said that, as regarded the question of the constitution of the Advisory Council of the Singapore Bureau, the formula which had been submitted by the Chairman of the Far East Commission left something to be desired. As he had already pointed out at the meeting of the Commission, the choice of countries on this Advisory Council was not satisfactory from the legal point of view. Nevertheless, he did not desire to submit a counter-scheme, but, in a spirit of conciliation, he would ask whether it was not possible for Japan to have two representatives on the Advisory Council, for the following reasons : Japan was composed of two parts in the Far East, that was to say, Japan proper and the Japanese colonies. The European members contemplated for the Advisory Council, however, only represented their colonies.

Dr. Rajchman thought that there had been a misunderstanding in regard to the drafting of the report of Dr. Jitta. The last two paragraphs of this report clearly indicated that, if a country desired to send several delegates, it was free to do so, but that the Health Organisation bore the expense of only one delegate for each country. Moreover, the end of the last paragraph implied that it was possible for a further exchange of views to take place, and it was probable that the views of Dr. Tsurumi would be met without it being necessary to submit an alternative scheme.

Dr. Jitta proposed to state that each national delegation would have the right to only one vote.

Dr. Rajchman suggested that a phrase should be added recommending that rules of procedure should be prepared for the Advisory Council.

*This suggestion was adopted.*

Dr. Tsurumi said he was happy to learn that the Advisory Council of the Bureau at Singapore had laid down in general terms the principles and the procedure which should govern the arrangement between the Paris Office and that Bureau for the carrying-out of the International Health Convention signed at Paris last year. Nevertheless, it had been decided, on examining the report of the Singapore Conference, that certain articles which dealt with notifications and information should be sent directly to the Office international in Paris by the administrations of the Far East, while the Bureau of Singapore should itself be informed on this subject as soon as possible.

If, therefore, this procedure were admitted, the Office international in Paris would be obliged, in conformity with the Convention, to forward this information to the Singapore Bureau through the most appropriate channels, although, in fact, such a necessity would not frequently arise in practice. In order to save time and also to avoid overlapping, it was very desirable and more convenient to address all notifications and information, provided for under the terms of the Convention, through the Bureau at Singapore to the Office international in Paris.

He was, however, happy to note that, as a result of the exchange of views in the Far East Commission of the Health Committee, this question had been settled, as was clear from the text of the agreement between the Paris Office and the Health Committee.

As regarded the question of confidential information, Dr. Tsurumi supported the resolution of the Singapore Advisory Council. On the other hand, certain observations on the working and the staffing of the Bureau had been submitted to the Advisory Council with a view to ensuring the efficiency of its work, particularly in regard to the question of language. As the members of the Committee knew, the permanent Director of the Bureau had not yet been appointed subsequent to the resignation of Dr. Brooke. It was essential to appoint the Director as soon as possible and that he should be fully qualified not only to direct the work of the Bureau but fully to understand international affairs with a view to the impartial discharge of his duties.

As regarded the question of language, it was understood that the officials of the Bureau must have a thorough knowledge either of English or French, or of both these languages, which were the two official languages of the League of Nations. It was, however, rather difficult to find persons well qualified in this respect among the nationals of certain countries.

In Dr. Tsurumi's opinion, this was a very important question for the working of the Bureau at Singapore. The constitution of the Bureau must be considered from the point of view of international relations, and particularly of the close co-operation of the various countries in that part of the world. In other words, for the development of the Bureau this international co-operation must be effected not only by direct communications with the various Governments but also through the officials of the various countries who were working in the Bureau.

Dr. RAJCHMAN emphasised the importance of the observations of Dr. Tsurumi. It would be too much to require candidates to have a knowledge of French as well as English in view of the very slight diffusion of French among the qualified representatives of some of the countries concerned. Nevertheless, a current knowledge of English at least was an indispensable condition for any candidate. It was also important that the composition of the staff of the Bureau should be really international. The Secretariat was fully alive to this necessity, and the Secretary-General would be the first to meet, as far as possible, the wishes expressed by the health administrations in that part of the world as regards the necessity for preserving the international character of the Bureau.

*The report and the resolutions were adopted* (see Annex 136).

**290. Appointment of Expert Assessors in an Advisory Capacity.**

The PRESIDENT submitted to the Committee the name of Dr. Alice Hamilton—a nomination which appeared to be such as would meet the wishes of Mr. Brock—and the names of Professor Winslow and Dr. Cumpston. This last nomination would make it possible to meet the wishes of a continent which was not yet represented on the Committee.

Finally, Dr. Tsurumi had asked that an expert should be appointed from the Far East. Perhaps the Committee would accept this proposal in principle, pending the submission by Dr. Tsurumi of the name of a candidate.

Dr. TSURUMI supported the proposals made by the President, for the work of the Health Organisation was continually developing and called for extremely close co-operation with specialists, and particularly with specialists in preventive medicine, though there already existed several Sub-Committees of experts in connection with the Committee. Happily, the principle of the constitution of a group of experts had been approved at its session of December last by the Council of the League of Nations.

In regard to the appointment of experts, as suggested in the note of the Secretary-General, Dr. Tsurumi entirely agreed with the selection of Professor Winslow and Dr. Alice Hamilton. He would venture, however, to ask the Committee to consider the choice of a Japanese expert, since, as he had already explained, his country was very keenly interested in the work of the Health Organisation, and the health authorities and medical circles of Japan were, for this reason, always prepared to co-operate with that organisation.

If the Committee accepted his proposal, he would recommend later the name of a Japanese expert.

*The suggestion of Dr. Tsurumi was approved.*
*The proposals of the President were adopted.*

**291. Question of the Establishment of an Epidemiological Intelligence Sub-Centre for the Southern Pacific : Recommendation of the International Conference at Melbourne.**

Dr. TSURUMI recalled that the International Conference held at Melbourne last December had recommended the establishment of an epidemiological intelligence sub-centre for the Southern Pacific, intended to complete the work of the Far Eastern Bureau. He was very happy to learn from a telegram received from Dr. Norman White, who had attended this Conference, that the work of the proposed new sub-centre was not intended in any way to encroach upon the activities of the Bureau at Singapore. In these circumstances, it was desirable for the Committee to take the initiative in drawing up a detailed arrangement regarding the working of this organisation, as a sub-centre of the Bureau at Singapore, in order to ensure cordial co-operation between the two bodies.

Dr. RAJCHMAN observed that the Committee had not yet officially been presented with the resolutions of the Melbourne Conference. Two of these resolutions, however, were of interest to the Committee.

He read resolutions 1 and 2 (Annex 133).

Pending the official communication of these resolutions, an expression of satisfaction on the part of the Committee might be recorded in the Minutes, it being understood that the Committee would be at liberty further to examine the resolutions when they had been duly received.

*The suggestion of the Medical Director was approved.*

**292. Cholera in India : Letter from Sir Leonard Rogers** (Annex 138).

Dr. RAJCHMAN drew the attention of the Committee to the letter in which Sir Leonard Rogers had forwarded a memorandum on the forecast of cholera epidemics and the campaign against that disease in India. Sir Leonard Rogers said that the periodical outbreaks of epidemics of cholera coincided with the big holy festival of Koumchmela, and he considered that the only way of preventing a new outbreak would be to vaccinate all the pilgrims. He asked the Health Committee to take up the matter. The simplest method would apparently be to forward to Colonel Graham the letter and memorandum of Sir Leonard Rogers. It seemed to the Medical Director that a letter from so high an authority could not be ignored by the Health Committee.

Mr. BROCK said he fully supported the suggestion of the Medical Director, which was *approved.*

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## FIFTH MEETING

*Held on Friday, February 18th, 1927, at 10.30 a.m.*

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Present : All the members of the Committee or their substitutes, with the exception of Dr. Carrière, Professor Chagas, Surgeon-General Cumming, Colonel Graham and Dr. Lutrario.

**293. Examination of the Draft Report to the Council on the Work of the Ninth Session of the Committee.**

The draft report on the work of the ninth session was read.

*Resolutions I, II (new Resolution V (4)) and III (new Resolution XII) were adopted.*

*Resolution IV (New Resolution VI).*

Professor Ricardo JORGE reminded the Committee that, in 1919, the Office international had carried out an international enquiry into influenza, taking as a basis a very carefully drafted questionnaire. He would draw the attention of the Medical Director to this questionnaire.

Dr. POTTEVIN added that a report on the whole question had at that time been drawn up, but that it had been completely negative from the point of view of prophylaxis.

*The resolution was adopted.*

*Resolution V (New Resolution II).*

Professor OTTOLENGHI was in doubt whether the terms of the resolution, according to which the Chairmen of certain Commissions, including the Mixed Anthrax Commission, must perform the duty of Rapporteurs, applied to this last Commission, which had no Chairman.

Dr. RAJCHMAN replied that, as the Mixed Anthrax Commission had to meet again in order to discuss the results of the experiments conducted by the International Labour Office, it would on that occasion elect its Chairman. If, when this report were presented, the Health Committee decided not to prolong the mandate of that Commission, its Chairman would no doubt be requested to continue to act as Rapporteur.

Regarding the sentence, " to continue the Permanent Standards Commission as at present constituted ", Professor NOCHT reminded the Committee that he had been replaced on that Commission by Professor Kolle.

Dr. RAJCHMAN explained that the passage in question referred to the composition of Commissions resulting from decisions taken at the present session.

*The resolution was adopted.*

*Resolution VI (New Resolution X).*

*This resolution was adopted, with formal amendments.*

*Resolution VII (New Resolution V (2).).*

Dr. RAJCHMAN proposed to add at the beginning of the resolution a sentence concerning the adoption of the budget estimates for 1928 and to complete the text of the resolution by adding resolution XIV concerning the staff of the Health Section.

*The resolution, thus amended, was adopted.*

*Resolution VIII (New Resolution XI).*

*This resolution was adopted, with minor amendments.*

*Resolution IX (New Resolution III).*

In paragraph III, the sentence, " The study of the possibilities of collaboration, in so far as prevention is concerned, between the public health services and the medical services of the health-insurance organisations." was amended as follows : " The study of the possibilities of collaboration between the public health services and the insurance organisations ".

*The resolution was adopted.*

*Resolution X (New Resolution IX).*

Dr. TSURUMI, with regard to paragraph V of the resolution, reminded the Committee of the observations which he had already made on this point. He had not been able to understand the basis on which the seats on the Advisory Council had been distributed. In his view, the expenditure occasioned by the cost of travelling for the representatives of the countries was not a sufficiently important reason to justify the fact that Japan had only one seat on the Advisory Council. Since he had not found the explanation to be such as to give satisfaction to his Government, he must reserve its rights regarding the matter.

Dr. RAJCHMAN did not clearly understand the scope of the reservation made by Dr. Tsurumi. The Health Committee was not now adopting a definite resolution. It was merely putting forward certain suggestions to serve as a basis of discussion for the Advisory Council. That Council had not asked the Health Committee to take a definite decision at this session but to give its views regarding the manner in which the Advisory Council ought to be established in the future. This was made clear in the final sentence of Resolution X. A definite proposal to be submitted to the Council would probably not be adopted by the Committee before October, for long correspondence would be necessary. As the present Advisory Council included three Japanese members, these would have plenty of time to make any observations they deemed fit.

Dr. L'HERMINIER observed that the measures in question had already been accepted in 1926, and that at that date Japan had given her entire adhesion in principle to the suggestions which the Health Committee was now submitting.

*The resolution was adopted, with various formal amendments.*

*Resolution XI (New Resolution VI).*

*This resolution was adopted, with various formal amendments.*

*Resolution XII (New Resolution VIII).*

Dr. POTTEVIN saw no use in maintaining the second sentence of paragraph (1), which read as follows :

> " These bureaux will immediately communicate the notifications received to the Office international d'hygiène publique and to all the public health organisations with which they are in touch by telegraph or wireless. "

This measure was provided for in paragraph (2), and the explanations contained in the second sentence of paragraph (1) might give rise to difficulty in view of the public nature of radio-telegraphic messages. This would be equivalent to interpreting the Convention, which the Committee had not been asked to do.

M. VELGHE explained that the presence of this paragraph had been justified in the original text of the draft agreement, in which paragraph (2) made no mention of Article 1 of the Convention. As it had been decided at the present session to include Article 1 of the Convention in paragraph (2) of the draft agreement, the second sentence of the first paragraph was redundant as far as paragraph (2) was concerned and it was logical to suppress it.

Dr. RAJCHMAN explained that the text of the second sentence of paragraph (1) had already been included in a document published in July 1926 and that no additional new text had been added to the document now before the Committee. Secondly, the fact that the information would be forwarded by wireless did not imply that it would be made public, since use was made of the AA code. He did not, however, see any objection to striking out the sub-paragraph.

On the suggestion of Dr. HAMEL, in paragraph (1) the words, " The Governments may effect the notifications provided for in Article 1 ", were replaced by the words, " The Governments may effect the notifications provided for by the Convention ".

The second sub-paragraph of paragraph (1) was suppressed and *the resolution was adopted.*

*Resolution XIII was adopted.*

*The report as a whole was adopted* (Annex 139).

### 294. Annual Report of the Health Section on the Work of the Health Organisation during the Past Year.

Dr. RAJCHMAN reminded the Committee that, under a resolution which it had adopted two years ago, the Secretariat must present on its own responsibility an annual report on the work of the Health Organisation during the past year, as far as possible within the first weeks of the current year. Last year, it had been impossible to submit this report until April. This year, he had been able to obtain proofs of the report, which would he distributed to the members of the Committee. If, before the end of the following week, the members of the Committee had not forwarded any observations, the Secretariat would assume that it could publish its report as it stood.

He stated, in reply to an observation of the President, that it would not be possible to await the observations of Sir George Buchanan, Professor Chagas and Colonel Graham.

### 295. Conference at Berlin on Smallpox and Vaccination.

Professor Ricardo JORGE said that the Conference at Berlin had obtained important results which would serve as a starting-point for further decisions. There was no time to discuss the question thoroughly before the end of the present session. He proposed that the matter should be postponed until April.

*The Committee agreed.*

### 296. Invitations addressed to the Health Organisation to be represented at Various International Conferences and Congresses (Document C.H. 547).

M. VELGHE wished to raise a question of principle, namely, whether the Committee intended to reply to all the invitations addressed to it, or whether it would give a favourable answer only in the case of this or that particular class of conference or congress. It would be well to establish rules on the subject. The Committee, by replying systematically to all such invitations, ran the risk of receiving an excessive number of requests. On the other hand, failure to respond might offend the organisers of certain congresses. He would propose to refer the question of principle to the Bureau, which could have it examined with a view to submitting suggestions at the next session of the Committee.

As regards the Conference which was to be held by the Royal Institute of Public Health at Ghent, there was no need to give an immediate reply, since this Congress would not take place until June. If the Committee decided to be represented there, he would willingly place himself at its disposal.

Dr. RAJCHMAN observed that, in these circumstances, document C.H.547 might be regarded as cancelled except for the paragraph concerning the first health exhibition of the Dutch East Indies, for which the Bureau at Singapore had already prepared charts.

*The proposal of M. Velghe was adopted.*

### 297. Appointment by the British Medical Association of a Committee to study the Morbidity and Mortality from Puerperal Causes : Invitation to the Health Committee to assist in this Work.

Dr. RAJCHMAN informed the Committee that the Secretariat had received a letter from the Medical Secretary of the British Medical Association, stating that the Council of the Association had appointed a Committee to study the morbidity and mortality from puerperal causes, and inviting the Health Organisation to participate in its work, or at least to furnish any necessary information. He had communicated with the British Ministry of Health, particularly with Dr. Campbell. He had been informed that this Committee had been appointed as the result of the report published a short while ago by the British Ministry of Health. The question was important and was, in some ways, connected with the enquiry into infant mortality. If the Committee agreed, the Secretariat might examine the possibility of acting on this proposal, in agreement with the Bureau. So far as it was possible, one of the statistical experts might be asked to examine the question on the basis of the available documents and to make suggestions as to the steps to be taken later.

*The proposal of the Medical Director was approved.*

### 298. Belgian Returns of Notifications of Transmissible Diseases.

Dr. RAJCHMAN informed the Committee that the Belgian health administration had notified the Secretariat, in a letter dated December 1st, 1926, that the administration had decided to substitute for the returns made every ten days, in accordance with the present practice, weekly returns giving the notifications received of transmissible diseases, in order that the Health Section of the League of Nations might be able, in its *Epidemiological Report*, to draw up uniform tables for all countries.

The PRESIDENT, on behalf of the Committee, thanked the Belgian health administration for taking this step.

### 299. Enquiry by the Health Service of the Union of South Africa into Tuberculosis in the Union Mines.

Dr. RAJCHMAN informed the Committee that, following on a communication made before the Tuberculosis Commission two years ago by Dr. Mitchell, the latter had announced, in a letter which had been distributed to the Committee, that the scheme for an enquiry into tuberculosis in the mines of the South African Union was about to be carried out. Dr. Mitchell asked for the views of the Committee on the question. Dr. Rajchman had felt it necessary to answer this request immediately, in order to obtain further details. As soon as he had received a more explicit reply, he proposed, with the authorisation of the Bureau, to communicate it to all the members of the Committee and to ask them for their observations. If the letter did not come before April, it would be submitted to the Committee at its next session.

*The observations of the Medical Director were approved.*

### 300. Work of the Malaria Commission.

The PRESIDENT regretted the absence of Dr. Lutrario, Chairman of the Malaria Commission, to whom he would forward the best wishes of the Committee.

Professor NOCHT agreed with the President, and submitted a verbal report on the Malaria Commission and its current investigations. He emphasised the importance of the report of Professor Marchoux on the Commission's tour in Sicily. The most important chapter of the general report, containing the special observations of the Commission on the situation and on the measures to be taken against malaria in Europe, had been written by Colonel James, to whom, on behalf of the whole Commission, Professor Nocht desired to pay a tribute. The Commission was happy to find itself unanimously in agreement with Colonel James on all the main points. He had been good enough to undertake to draft the other chapters of the report, the general plan of which had been adopted by the Commission. It was to be hoped that this work would be finished by the end of April, when the Commission would meet, and that the final report would be submitted to the Health Committee at the beginning of the summer.

The PRESIDENT thanked Professor Nocht and all the members of the Malaria Commission for the work which they had done. He congratulated Colonel James on behalf of the Committee.

Professor PITTALUGA asked whether the approval of the Medical Director's report implied an approval of the work of the Malaria Commission.

Dr. RAJCHMAN replied that the question of malaria was not on the agenda of the session. The statements regarding the work of the Malaria Commission had only been made for the purposes of information.

### 301. Date of the Next Session of the Committee.

After a discussion, *it was understood* that the President of the Permanent Committee of the Office international and the Director of the Office should endeavour to convene the Permanent Committee for Saturday, April 23rd, with a view to discussing the draft agreement between the Health Committee and the Permanent Committee, and the question of the Singapore Bureau, and in view of the International Conference on Rabies, which was to meet in Paris on April 25th, and the departure for South America of the President and the Medical Director. The members of the Health Committee who did not belong to the Office were asked to hold themselves in readiness to proceed to Paris on receipt of a telegram, with a view to holding an extraordinary session of the Health Committee for the possible ratification of the agreement reached with the Permanent Committee of the Office.

### 302. Close of the Session.

The PRESIDENT thanked his colleagues for their co-operation. The Committee had achieved important results during the session, more particularly with regard to the Singapore Bureau and the general method of work. In the name of his colleagues, he thanked the members of the Drafting Committee, M. Velghe and Mr. Brock, and expressed the special thanks of the Committee to M. Velghe and Dr. Pottevin for the efforts which they had made to bring about a fruitful understanding with the Permanent Committee of the Office. Finally, he congratulated the Medical Director and his assistants on the valuable aid which they had given.

Dr. TSURUMI, speaking for his colleagues, thanked the President for having agreed to preside over the discussions of the Committee. He had carried out his task with his usual skill.

Professor ALFARO expressed his profound gratitude at having been chosen to co-operate with the distinguished persons composing the Health Committee. He could assure them that he would work with them with the utmost good will, especially in the work of the Tuberculosis and Infant Welfare Commissions. He also thanked the Committee in the name of his country, which was very desirous to make progress, and which much admired the civilisation of the Old World. His country appreciated at their true value the high aims of the League of Nations and the Health Organisation. The President and the Medical Director would certainly discover this to be the case when they went to South America.

The PRESIDENT was very grateful to Professor Alfaro for his kind words. He would emphasise the importance of the contribution of the Argentine to the general progress of scientific achievement.

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## ANNEX 122.

### AGENDA OF THE NINTH SESSION OF THE COMMITTEE.

*Approved on February 14th, 1927.*

1. Election of the President.
2. Nomination of Public Health Experts as Assessors.
3. Consideration of the resolution of the seventh ordinary session of the Assembly with regard to the heavy expenses entailed by the publication of the Minutes of the Advisory Committees and Conferences convened by the League.
4. Constitution of the Bureau and Technical Commissions of the Committee.
5. Budgetary Provisions for the fiscal year 1928 (presented by the Budget Sub-Committee).
6. Report of the Advisory Council of the Health Organisation's Eastern Bureau at Singapore.
7. Note by the Medical Director on the current activities of the Health Organisation.
8. Influenza.
9. Request of the Swedish Government for an Opinion on Article 8 of the 1925 Opium Convention : Observations by various Governments in regard to an enquiry on the same article.
10. Invitations to be represented at various International Conferences and Congresses, addressed to the Health Organisation.

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C.H. 546.

## ANNEX 123.

### INFLUENZA EPIDEMIC OF 1926-27 AND ACTION TAKEN BY THE HEALTH SECTION IN CONNECTION THEREWITH.

*Report by the Medical Director submitted to the Committee on February 15th, 1927.*

I. Statistics of the number of influenza cases and deaths for December having shown epidemic prevalence in Switzerland and France and higher incidence than usual in various other European countries, a telegram was despatched on January 6th to all European health administrations asking for information regarding the actual situation. This action was all the more indicated as the daily Press contained numerous references to influenza outbreaks, many of which appeared to be of doubtful character and verification of which was therefore desirable. The Singapore Bureau was instructed to obtain information as to whether any unusual prevalence of influenza existed in any country in its area. About the same time, telegraphic requests for information regarding the influenza situation in Europe were received from the Surgeon-General of the United States Public Health Service and from the Director of the Australian Health Service.

II. Telegraphic replies were received during the following days from the health services of all European countries and from Egypt. The various health services continued to send information on the prevalence of influenza once a week, or more frequently, throughout January and the beginning of February. This information was published in special bulletins appearing twice a week, on Tuesdays and on Fridays, the latter issue being combined with the regular *Weekly Record* of the Health Section. The first of these bulletins was issued on January 11th and nine reports were published up to February 11th.

III. The Section arranged at the same time for the broadcast, of short summaries of the official intelligence received, by the Transocean Wireless Company through the Nauen station. These messages were sent at the end of the English bulletins transmitted at 12.20 and 23 hours (Central European time) on the 18,000 meters wave-length. The administrations and the Singapore Bureau were telegraphically advised as to the time for these broadcasts. Messages were broadcasted on January 15th, 19th, 22nd, 26th and 29th and on February 2nd, 4th and 11th. A message sent on January 16th, was by mistake not transmitted from the Nauen station. This service will be continued as long as the situation requires it.

IV. The information received from the various health services consists of : *(a)* a general statement of the influenza situation ; *(b)* regular returns of cases and deaths communicated in advance of their usual time of publication ; *(c)* special information, such as sickness returns of insurance societies, employees of public services and military forces.

V. Several administrations have issued new regulations regarding the prompt reporting of influenza cases. In Denmark, on January 7th, the local health officers were required to notify immediately the appearance of the first influenza cases and to send weekly reports of the number of cases instead of the former monthly reports. In Spain, on January 8th, the provincial health officers were instructed to transmit telegraphic information. In the Kingdom of the Serbs, Croats and Slovenes, on January 11th, the local health officers were asked to report weekly. The same action was taken in Hungary on the same date. In Poland, compulsory notification of influenza cases in large towns was introduced on January 11th. In Czechoslovakia, on the same date, the provincial authorities were asked to report weekly on the prevalence of influenza.

Telegraphic requests for continuing the information were received from the health services of Bulgaria, Germany, Italy, Latvia, Poland, Spain and the United States. The Singapore Bureau was instructed to continue to keep the Australian health service informed, according to its request.

The various administrations have been asked whether they have been able to pick up the broadcast from Nauen. So far only the health services of Austria, Greece and Lithuania have answered in the affirmative.

VI.—1. The provisional study of the information received seems to indicate that the present is a more severe outbreak than that of 1924, but that it was less serious in most countries than the epidemic of 1922.

*China.* — It may be of interest to mention that the first reports showing abnormal prevalence of influenza came from the National Epidemic Prevention Bureau of China. During the months of June, July and August, influenza was reported to be epidemic in the provinces of Szechuan, Kweichow, Hupeh and Kansu, *i.e.*, in the whole area of the interior of China between Mongolia in the north and Yunnan in the south, and bordering Tibet in the west and the more densely populated part of China in the east. The disease was stated to be prevalent but not epidemic in most of the coast provinces.

*New Zealand.*—An outbreak of influenza began in New Zealand at the end of June 1926, and reached its maximum at the end of July. The district of Canterbury in the South Island was most affected. The epidemic came to an end in September. During the twelve weeks ended September 6th, 117 deaths were ascribed to influenza, as compared with 7 during the corresponding period of 1925. During the epidemic there was a marked increase of pneumonia notifications.

*Outbreaks in November.*—2. It appears that influenza in very mild form was prevalent in November in various European countries. There was a distinct rise in deaths from influenza in the English towns during the second half of October and the first half of November, accompanied by a rise in the general mortality and an increase in the number of pneumonia cases reported. This prevalence subsided subsequently. There were 188 deaths attributed to influenza in 105 large towns of England and Wales during the two weeks ended November 13th, as against 130 during the following two weeks. The pneumonia cases reported in England and Wales numbered 2,250 during the two weeks ended November 13th, and decreased to 2,154 during the following two weeks.

In the Netherlands, 51 deaths from influenza were reported during the month of November, as against from 23 to 27 deaths during the corresponding month of the four previous years.

In the towns of Norway, 1,103 influenza cases were reported in November, as against 549 during the corresponding month of the previous year.

A mild outbreak occurred in Estonia at the beginning of November. The notifications of influenza cases numbered 472 in November and decreased to 390 in December.

There was an outbreak also at Cyprus, where 209 cases were reported in November, as compared with 5 during the previous month.

*France.*—3. The first more severe outbreak was reported from Paris at the beginning of December. The number of deaths from all causes increased from 1,077 during the last ten days of November to 1,834 during the second ten days and 1,942 during the third ten days of December. The number of deaths certified as due to influenza was 488 from December 1st to January 20th, but during the same period the number of deaths from diseases of the respiratory system exceeded the average for the five previous years by 468, and the deaths due to senility by 188. About half of the deaths were among persons of 60 years of age and over, and a considerably higher mortality was noticed among females than among males. Such information as could be obtained from various departments of France shows that influenza was first epidemic in the north-east and in certain parts of the south ; it appeared only later in western France. The mortality statistics of Paris indicate that the epidemic has caused about twice as many deaths as the outbreak of 1923-24. The mortality curve is practically

identical with that of the 1922 epidemic, only that the present outbreak occurred about six weeks earlier than that of 1922.

*Switzerland.*—4. The disease appeared about the middle of December in Switzerland. Berne was first affected and shortly afterwards Geneva and Basle. The German-speaking part of Switzerland, with the exception of Basle, was not seriously affected until the second week of January. The mortality statistics show that the present epidemic has been far more severe in Swiss towns than the outbreaks of 1922 and 1924. There were 529 deaths attributed to influenza in Swiss towns during the five weeks from December 18th to January 22nd, as compared with 189 deaths during the five weeks of maximum incidence of the 1924 outbreak and 180 during five weeks of the 1922 outbreak. The death rate from influenza was highest at Geneva, where there were 119 deaths per 100,000 inhabitants up to January 22nd ; next come Fribourg with 92, Neuchâtel with 82, Lausanne and Basle with 67 deaths per 100,000 inhabitants. At Berne, there were 27 deaths per 100,000 inhabitants, although the epidemic had come to an end there by that date. The general death rate rose in Geneva to as high as 44.7 per 1,000 during the first week of January. The epidemic did not appear in Valais until the second week and in Ticino until the third week of January.

*Belgium, Netherlands, Luxemburg.*—5. Influenza has, according to the statements of the health services, been very prevalent in the Netherlands, Belgium and Luxemburg. The epidemic seems to have culminated in most localities about the middle of January. The cases have largely been of mild character. Mortality statistics for December for the city of Brussels and suburbs showed 34 deaths from influenza among residents as compared with 5 during the corresponding month of the previous year. At Amsterdam, there were 112 deaths from influenza during the five weeks ended January 29th.

*Great Britain.*—6. Great Britain was affected later than the neighbouring countries of the Continent. The epidemic was first reflected in the mortality returns of London during the first week of January, when 128 deaths were attributed to influenza (including the municipalities of the Outer Ring), as compared with 37 during the previous week. The number of influenza deaths in Greater London increased to 492 during the week ended January 29th, during which week the general death rate was 23.2, as compared with 14.5 during the corresponding week of 1926. The epidemic thus seems to be more severe in London than that of 1924, when the highest number of deaths from influenza was 310 during the week ended February 19th. So far, however, the death rate has not been as high as in 1922, when 781 deaths were attributed to influenza during the week ended January 15th. The outbreak came later than that of 1922 but earlier than that of 1924. The age distribution shows a typical old-age prevalence, which is about the same as that of the epidemic of 1924, except that the number of deaths among children is lower than that reported during the previous epidemics.

Other English towns were only affected later. The towns of Southern England showed an increase of influenza deaths during the second week of January. Returns for the Midland towns did not show the presence of influenza until during the third and fourth weeks of January. At Bristol, 31 deaths were attributed to influenza during the week ended January 29th, and the number of deaths from all causes rose to 195, as compared with 107 during the week ended January 15th. Lancashire, Yorkshire, Northumberland, Durham, Scotland and Ireland remained practically untouched by the epidemic during January.

7. Influenza appeared earlier in Norway and in Denmark than in Sweden.

*Norway.*—In Norway, 6,131 influenza cases were reported during the month of December, as compared with 727 cases during the corresponding month of the previous year. The prevailing type seems to have been mild and complications relatively rare. The general death rate increased to about 19 per 1,000 in Oslo and in Bergen. The health service states that the epidemic was decreasing during the second half of December.

*Denmark.*—In Denmark, influenza first appeared in epidemic form early in December at the town of Kolding, in the southern part of Jutland. It spread rapidly across the islands and reached the capital at the beginning of January.

There were 9,443 cases reported in the whole country during December, as compared with 3,667 during the corresponding month of the previous year. From the beginning of January, weekly reports were introduced. During the first week of January 16,150 cases were reported and 37,241 during the second week. The epidemic reached its maximum at Copenhagen during the third and fourth week of January.

*Sweden.*—In Sweden, on the contrary, influenza was less prevalent than usual in December. Only 328 cases were reported during that month, as compared with 913 during the corresponding

month of 1925. The disease did not appear until the beginning of January, when outbreaks occurred, especially in the province of Norbotten, which forms the northernmost part of the country ; 2,531 cases were reported from January 1st to 15th in that province. An outbreak occurred also in the town and province of Malmo, across the Sound from Copenhagen, where 833 cases were reported during the same period. In the remainder of the country 2,802 cases were reported, no marked concentration of the cases being observed. The cases were in general mild.

*Finland.*—8. Finland was not affected until January. The health administration states that reports for the first two weeks of the month showed no epidemic prevalence of influenza. The cases began, however, to increase in a few towns, and there were indications later in the month that an epidemic was beginning. The cases were mild.

*Estonia, Latvia, Lithuania.*—No unusual prevalence was reported in Estonia, Latvia or Lithuania. In Lithuania, 386 cases and 2 deaths were reported from January 1st to 20th, as compared with 422 cases and 4 deaths during the whole of December, which shows that there was no unusual prevalence of the disease up to that date. Returns for the last ten days of the month indicate that the epidemic was beginning ; 1,147 cases and 10 deaths were reported from January 21st to 31st.

*Germany.*—9. The influenza situation in Germany is not very clear as information is available only up to January 15th. Statistics so far received seem to show that Germany has not suffered seriously from the present epidemic. During the week ending January 8th, 167 deaths were attributed to influenza in 46 towns having more than 100,000 inhabitants, as compared with 52 during the first week of 1926 and 76 during the first week of 1925. This figure is, however, considerably lower than the corresponding figures for 1922 and 1923. Only a few towns seem to have been affected by the epidemic up to the middle of January. At Berlin, there were 83 deaths from influenza during the week ended January 15th, compared with 56 during the previous week and 23 during the last week of December. The general death rate increased from 11.6 per 1,000 during the last week of December to 15.1 during the second week of January, rates which are, however, much inferior to those reported at London and Paris. The highest prevalence of influenza seems to have been at Breslau, where 40 deaths were attributed to this cause during the first week and 35 during the second week of January ; the general death rate rose to 20.2 per 1,000. There were signs that influenza was appearing in certain parts of Southern Germany during the second week of January, when 21 deaths from this disease were reported at Stuttgart and 19 deaths at Mannheim, and when the general death rate rose to 22.7 at Mainz.

Influenza is not a notifiable disease in Germany and statistics of cases are available only from sickness insurance societies and from the city of Nuremberg, where the members of the medical society have decided to notify cases occurring in their practice. The cases notified at Nuremberg amounted to 71 during the week ending January 1st, 192 during the first week, 745 during the second week, and 3,540 cases during the third week of January. Only one death was attributed to influenza in Nuremberg during the first two weeks of the year.

Statistics of influenza cases reported among the members of the General Sickness Insurance Fund of Berlin showed an increased incidence of this disease during the last days of December. The maximum prevalence seems to have been reached during the second week of January, and the incidence decreased markedly after the 20th. There were 17,232 cases and 33 deaths reported in January among the members of this society which number about 500,000.

*Austria.*—10. Austria does not seem to have been affected so far by the epidemic. Prevalence of very mild cases is reported only from the province of Vorarlberg, which borders Switzerland. Neither influenza nor pneumonia cases reported at Vienna exceed the normal for the season.

*Czechoslovakia.*—11. Influenza does not appear to have been prevalent in Czechoslovakia in December but it appeared in Bohemia during the first or second week of January. During the first half of January, 6,621 cases were reported in Bohemia and only 721 in the remainder of the country. During the week ending January 22nd, there was a considerable increase of the incidence everywhere : 21,468 cases and 22 deaths were reported in Bohemia, of which 13,790 were among children under 14 years of age. The highest incidence was reported at Pardubice and Kutna Hora. There were 4,032 cases and 4 deaths reported in Moravia, of which half in the district of Ostrava. In Silesia, 1,181 cases and 2 deaths were reported, of which 336 among children under 13 years of age. In Slovakia, there were 4,148 cases and 11 deaths, of which 1,587 among children under 14 years of age. Considerable prevalence of influenza was reported also in the towns of Uzohrod and Mokacevo, in Sub-Carpathian Ruthenia. The disease was stated to be much more prevalent among children than among adults.

The Czechoslovak statistics distinguish between the various types of influenza. It appears that in Bohemia most cases show catarrhal symptoms. Of this type, 16,070 cases were reported in Bohemia during the third week of January, as compared with 5,143 cases of fever without definite localisation. There were 216 gastro-intestinal and 39 nervous cases. Complications occurred in 121 cases, of which 74 were lobar pneumonia and 30 broncho-pneumonia. In Silesia, simple fever without definite localisation was about 50 per cent more prevalent than the catarrhal type. The gastro-intestinal type was indicated in about 8 per cent of the cases. In Slovakia, the catarrhal type was more prevalent than the fever cases without localisation. About 8 per cent of the cases reported in Czechoslovakia and about 2 per cent of the cases in Moravia were of the gastro-intestinal type.

*Hungary.*—12. Influenza does not seem to have been very prevalent in Hungary during December. The rise seems to have begun at Budapest early in January. Toward the end of the month, the health administration stated that mild influenza was very prevalent at Budapest as well as in the rural districts, and that the disease was more prevalent in the western than in the eastern counties. Complications were fairly rare and fatal cases few. At Budapest, 14 deaths from influenza were reported during the week ending January 22nd, as against 10 deaths during the previous week. During the first week of February, there were 23 deaths from influenza at Budapest and 70 in the whole country. The general mortality showed a moderate increase. The disease was reported to be decreasing in the places where it had first appeared, and the number of cases reported in the army was decreasing.

*Poland.*—13. The epidemic appeared in Poland toward the end of December and the general death rate increased at Warsaw from 15.1 during the week ending December 25th to 19.9 during the week ending January 8th. During the first four weeks of January, 62 deaths were attributed to influenza, as compared with 24 in December. Cracow does not appear to have been seriously affected by the disease, nor has the death rate of Lodz, Lwow and Posen been excessive for the season.

*U. S. S. R.*—14. The People's Commissioner for Public Health states that the incidence of influenza in the Union of Socialist Soviet Republics did not exceed the normal for the season up to the middle of January.

*Roumania.*—15. The Roumanian Health Administration stated at the middle of January that very mild influenza was epidemic in the country but that fatal cases were very rare.

*Kingdom of the Serbs, Croats and Slovenes.*—Mild influenza cases were observed in the Kingdom of the Serbs, Croats and Slovenes toward the end of December but the disease could not be said to be epidemic. Incomplete reports for January showed a considerable increase of the disease from the second to the third week of the month. The disease was reported to be most prevalent in the department of Monastir, of Serbian Macedonia and in the district of Zagreb. The cases were mostly mild and of short duration.

*Albania.*—The health administration of Albania states that influenza became epidemic in December and remained so during January. The prevailing type is benign.

*Bulgaria.*—Statistics for the Bulgarian towns for January show a considerable prevalence of the disease in the whole country. In the principal towns, 75 deaths from influenza were reported from January 1st to 28th. The epidemic was stated to be decreasing at the end of the month at Sofia and at Bourgas but to be still on the increase in various other towns. The highest number of deaths was reported at Plevna and at Haskovo.

*Greece.*—16. The health service of Greece reported at the middle of January that influenza was epidemic in the whole country. It was mostly of a mild type, severe cases being of sporadic occurrence, except in certain villages of western Macedonia, where the prevailing type was more severe. The epidemic was stated to be decreasing everywhere, except in Macedonia, at the beginning of February.

*Italy.*—17. Italy appears to have been only slightly affected by the epidemic. The disease did not appear until the second half of January and in only a few provinces. The health administration states that the general mortality does not exceed the average for the time of the year.

*Spain.*—18. Influenza appeared early in December in epidemic form in the towns of north-eastern Spain and especially at Barcelona and San Sebastian. It spread in the course of the month along the Mediterranean coast as far as Valencia, and along the coast of the Bay of Biscay as far as Santander, and inland to Madrid. The character of the disease was mild, and children and old people were mostly affected. The epidemic appears to have

reached its maximum at Madrid during the second week of January, and was present at that time in 35 of the 49 provinces of the kingdom, including the Canary Islands. It began to decrease early in January at Barcelona and Bilbao. At the end of January, the incidence was decreasing in all provinces and the mortality no longer exceeded the normal for the season.

*Portugal.*—Influenza was prevalent in January in various parts of Portugal but least so in the frontier districts. At Lisbon, the number of deaths from all causes increased from 226 during the week ended December 25th to 350 during the week ended January 22nd. The deaths attributed to bronchitis and broncho-pneumonia increased at the same time from 12 to 70.

*Egypt, Algeria.*—19. Information received from Egypt and Algeria shows the presence of influenza, but the prevalence does not exceed the normal for the season.

*Far East.*—20. Information gathered by the Singapore Bureau shows no unusual prevalence of influenza in the Far East, except possibly in Japan and Chosen. In Japan, 142 deaths from influenza were reported in the nine principal maritime towns during the first ten days of January. Sufficient information is not as yet available to indicate the further trend of the epidemic. Influenza was reported present at the same time at Chemulpo and Fusan, in Chosen.

*Australia, New Zealand.*—21. The situation in Australia and in New Zealand is normal.

*United States.*—22. Information received from the United States Public Health Service shows that there had been no unusual prevalence of this disease in the United States up to the end of January. The disease seems to be rather less prevalent than at the corresponding season last year.

*Canada.*—The Health Administration of Canada also reports that the situation is normal there.

*Latin America.*—23. The current epidemiological reports so far received from countries of Latin America show no prevalence of influenza.

A more detailed analysis of the epidemic can be given only when further information, and especially statistics of causes of death, are available for all countries or at least for the principal towns. As it appears of considerable interest to obtain as much and as detailed information regarding the epidemic before lapse of time prevents the collection of much of this material, the Section has asked all European health administrations to prepare a general report as soon as the epidemic is over in each country. It was suggested that the factors presenting general interest would be in the first instance :

1. The geographical distribution of the epidemic and the chronological order in which it appeared in the various towns or districts of the country.

2. The reported incidence in the various parts of the country, in so far as this can be ascertained.

3. The movement from week to week of the general mortality and of deaths from influenzal affections of the respiratory system and of the heart. (It would be important, to know the rules for statistical classification of deaths in which influenza is known to have played a part, but which have in the end been caused by other diseases.)

4. The age distribution of deaths from influenza and whether there have been any peculiarities in this respect in particular localities or at a given time of the epidemic.

5. Description of the clinical types of the disease prevailing at different periods ; frequency of the various complications.

6. Particulars of previous influenza outbreaks, however mild, within the preceding six months, and of other epidemics occurring at the same moment.

7. Bacteriological findings.

8. Measures which have been taken toward the control of the epidemic.

A comparative study of these reports may reveal facts of value in dealing with new outbreaks of influenza when they occur. This first experiment in telegraphic exchange of information on an influenza outbreak offers many points of interest and may be of value on future occasions. The Health Committee will no doubt consider what conclusions can be drawn from it.

C.H. 548.

## ANNEX 124.

## MEMORANDUM ON THE ACTION TAKEN BY THE HEALTH COMMITTEE OF THE LEAGUE OF NATIONS IN EXECUTION OF ARTICLES 8 AND 10 OF THE INTERNATIONAL OPIUM CONVENTION OF FEBRUARY 19TH, 1925.

Article 8 of the International Opium Convention concluded at Geneva on February 19th, 1925, stipulates that :

> " In the event of the Health Committee of the League of Nations, after having submitted the question for advice and report to the Permanent Committee of the Office international d'hygiène publique in Paris, finding that any preparation containing any of the narcotic drugs referred to in the present chapter cannot give rise to the drug habit on account of the medicaments with which the said drugs are compounded and which in practice preclude the recovery of the said drugs, the Health Committee shall communicate this finding to the Council of the League of Nations. The Council will communicate the finding to the Contracting Parties, and thereupon the provisions of the present Convention will not be applicable to the preparation concerned. "

At its session in April 1925, the Health Committee decided by its Resolution IX (Appendix I) to communicate with Governments asking them to furnish a list of preparations containing narcotics to which, in their opinion, the provisions of the Convention should not be applicable.

This resolution was approved by the Council of the League of Nations on June 9th, 1925.

Accordingly, a circular letter [1] was sent out on November 6th, 1925, to the following Governments, asking them to furnish the Health Committee with a list of preparations containing narcotics to which, in their opinion, in conformity with Article 8 of the International Opium Convention of 1925, the provisions of the Convention should not be applicable :

*States Members.*

Abyssinia
Albania
Argentine
Australia
Austria
Belgium
Bolivia
Brazil
British Empire
Bulgaria
Canada
Chile
China
Colombia
Costa Rica
Cuba
Czechoslovakia
Denmark
Dominican Republic
Estonia
Finland
France
Greece
Guatemala
Haiti
Honduras
Hungary
India
Irish Free State
Italy
Japan
Latvia
Liberia
Lithuania
Luxemburg
Netherlands
New Zealand
Nicaragua
Norway
Panama
Paraguay
Persia
Peru
Poland
Portugal
Roumania
Salvador
Kingdom of the Serbs, Croats and Slovenes
Siam
South Africa
Spain
Sweden
Switzerland
Uruguay
Venezuela

*States Non-Members*

Afghanistan
Andorra
Danzig
Ecuador
Egypt
Germany
Hedjaz
Iceland
Lichtenstein
Mexico
Monaco
San Marino
Sudan
Turkey
United States of America
U. S. S. R.

[1] C.L.115. 1925. III.

Up to the present date (February 10th, 1927), twenty-three Governments have replied.

The Governments of Cuba, Czechoslovakia, Ecuador, Estonia, Finland, Peru and Uruguay acknowledge the receipt of the circular letter or promise to forward definite proposals later.

Three Governments do not think it desirable to prepare the list requested : the Governments of Japan and the United States because they consider that none of the preparations containing the drugs mentioned in Article 4 of the Convention should be excluded from the provisions of the Convention, and the Canadian Government because, in its opinion, " any addition to the list of preparations to which the provisions of the Convention should not be applicable might cause confusion in the dispensing of narcotics by chemists ".

Thirteen Governments—those of the Argentine, Austria, Bulgaria, Germany, Great Britain, Hungary, India, Latvia, Poland, Roumania, South Africa, the Sudan and Sweden—have forwarded lists of preparations to which, in their opinion, the provisions of the Opium Convention should cease to be applicable. These lists are given in Appendix II.

The attitude of the Swedish Government differs from that of the other Governments in that not only does it submit a list of preparations to which the provisions of the Convention should not, in its opinion, apply, but it makes the signature of the Convention depend in some measure upon the acceptance of this reservation (see Appendix III).

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## Appendix I.

Resolution IX, adopted by the Health Committee of the League of Nations on April 25th, 1925, and approved by the Council on June 9th, 1925.

The Health Committee adopts the report presented by the Opium Commission.

According to this report, the Committee shall ask the Permanent Committee of the Office international d'hygiène publique, in conformity with the procedure to be found in Article 10 of the Opium Convention of 1925, to give its opinion regarding the desirability of adding to the preparations dealt with by the Convention two new medical preparations derived from morphine and codeine—eucodal and dicodide—which would appear to be of a habit-forming nature.

The Health Committee shall, moreover, communicate with Governments, asking them to furnish a list of preparations containing narcotics to which, in their opinion, in conformity with Article 8 of the Convention, the provisions of the Convention should not be applicable, their composition precluding the recovery of the narcotics for consumption as such. Having obtained this information, the Health Committee will communicate it to the Permanent Committee of the Office international d'hygiène publique for advice and report in conformity with the procedure laid down in Article 8 of the Convention.

Furthermore, the Permanent Committee of the Office international d'hygiène publique shall be asked by the Secretariat-General to make forthwith all necessary arrangements to carry out such investigations as may be necessary to enable it to give the advice for which it may be asked.

The report presented to the Health Committee by Professor Knaffl-Lenz on the two points referred to above shall be communicated to the Permanent Committee of the Office international d'hygiène publique.

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## Appendix II.

Replies of Certain Governments on the Question whether the Provisions of the International Opium Convention of February 19th, 1925, should be made inapplicable to Certain Preparations.

In conformity with Article 8 of the International Opium Convention of February 19th, 1925, it is proposed by the following Governments that the provisions of the Convention should not necessarily be applicable to the preparations named hereunder :

1. *The British Government.*

(Communicated in April 1925.)

Cereoli Iodoformi et Morphinæ, B.P.C.
Emp. Opii, B.P. 1898.
Lin. Opii, B.P.
Lin. Opii Ammon., B.P.C.
Pasta Arsenicalis, B.P.C.
Pil. Hydrarg. c. Opio, B.P.C.
Pil. Ipecac. c. Scilla, B.P.
Pil. Plumbi c. Opio, B.P.

Pil. Digitalis et Opii Co., B.P.C.
Pil. Hydrarg. c. Cret. et Opii, B.P.C.
Pulv. Cretæ Aromat. c. Opio, B.P.
Pulv. Ipecac. Co., B.P. (Dover's Powder).
Pulv. Kino Co., B.P.
Suppos. Plumbi Co., B.P.
Tablettæ Plumbi c. Opio, B.P.C.
Ung. Gallæ c. Opio, B.P. (Gall and Opium Ointment).
Ung. Gallæ Co., B.P.C.

Also compounds containing these preparations to the extent specified as follows, provided that it is definitely settled that no other dangerous drugs may be added to them :

*(a)* Mixtures of Dover's Powder with mercury and chalk, aspirin, phenacetin, quinine and its salts, and sodium bicarbonate.

*(b)* The two liniments specified in the list of exemption if mixed with other ointments and plasters contained in the British Pharmacopœia or British Pharmaceutical Codex.

*(c)* The two ointments and the plaster specified in the list of exemptions if mixed with other ointments or plasters contained in the British Pharmacopœia or British Pharmaceutical Codex.

2. *The Government of the Argentine Republic.*
(Communicated on March 11th, 1926.)

Dover's Powder.
Anodyne Balm.
Elixir of Paregoric.
Diacodium (Jarabe diacodico).

3. *The Government of Latvia.*
(Communicated on January 7th, 1926.)

Forwards copy of a decree containing a list of drugs regarded in Latvia as narcotic in character :

Cocaine, its salts and derivatives.
Diacetylmorphinum Hydrochloricum.
Heroin et sales.
Extracta Cocæ.
Extracta Opii.
Morphium et sales.
Opium purum et crud.
Pulv. Doveri.
Tinctura Cocæ.
Tinctura Opii simpl.
Tinctura Opii crocat.
Eucodal.
Dionin.
Æthylmorphine.
Pantopon.
Tropacocain.
Capita Papaveris.
Psicain.
Laudanum.
Omnopon.
Ecgonin.
Folia Cannabis Indic.
Tinct. Cannabis Indic.
Extracta Cannabis Indic.
Cannabin et sales.
Preparations containing more than 0.2 % of morphine and more than 0.1 % of cocaine or heroin (Solutions for subcutaneous injections, pills, tablets, etc.).
Emplastrum Opii containing more than 5 % of opium.
Pilulæ Hydrargyri jodati containing more than 8.5 % of opium.
Cocaine-Atropin tablets containing more than 0.0003 of cocaine and not less than 0.0003 of atropin.

The Latvian Public Health Department thinks that dicodide should be added to this list and tincture and extract of coca deleted.

4. *The Government of South Africa.*
(Communicated on December 24th, 1925.)

Cereoli Iodoformi et Morphinæ, B.P.C.
Emp. Opii, B.P. 1898.
Lin. Opii, B.P.
Lin. Opii Ammon., B.P.C.
Pasta Arsenicalis, B.P.C.
Pil. Hydrarg. c. Opio, B.P.C.
Pil. Ipecac. c. Scilla, B.P.
Pil. Plumbi c. Opio, B.P.
Pil. Digitalis et Opii Co., B.P.C.
Pil. Hydrarg. c. Cret. et Opii, B.P.C.
Pulv. Cretæ Aromat. c. Opio, B.P.
Pulv. Ipecac. Co., B.P. (Dover's Powder).
Pulv. Kino Co., B.P.
Suppos. Plumbi Co., B.P.
Tablettæ Plumbi c. Opio, B.P.C.
Ung. Gallæ c. Opio, B.P. (Gall and Opium Ointment).
Ung. Gallæ Co., B.P.C.

5. *The Government of the Sudan.*
(Communicated on February 6th, 1926.)

1. Chloranodyne (sp.). — Morphine HCl gr. iii in 1 oz. Ext. Cannabis Liq. m. 46. Also HCN, m 9. $CHCl_3$ m. 46 ; Tr. Capsicum m 1 1/2.
2. Elixirs Coca. — One contains 0.125 % cocaine and one contains 0.075 coca alkaloids. Large doses of these elixirs have the effect of pure cocaine.
3. Pilulæ Aloes, Cascara and Hyoscyami contains equal parts of the extracts.
4. Pilulæ Cimifugæ et Morphinæ Co. contains 1/10 grs. Morphinæ Sulph. and Quinine Sulph. grs. 2/3.
5. Pilulæ Codeine Co.—Contains Codeine grs. 1/4 and Nux Vomica grs. 1/2.
6. Pilulæ Colocynthi et Hyoscyami.— Contains Ext. Hyoscyami, colocynth, aloes et Hyoscyami extract—33 % of mass.
7. Pinheroine (sp.).—Contains Heroin HCl 1/5 gr. in 1 oz. and terpine hydrate 8 grs.
8. Elixir Heroine et Terpine.—Contains Heroine 1/6 gr. in 1 oz. and terpine hydrate 8 grs. in 1 oz.
9. Pulvis Cretæ Aromaticus c. Opio.—Contains 2.5 % of opium, with cinnamon, nutmeg, chalk &c.
10. Pulvis Kino Co.—Contains 5 % opium with kino, cinnamon, &c.
11. Pulvis Opii Co.—Contains 10 % opium, with pepper, ginger, gum.
12. Pulvis Doveri,—Contains 10 % opium, 10 % ipecac., and 80 % of $K_2SO_4$.
13. Suppositories Adrenaline & Cocaine.—Contain ½ gr. cocaine, formidine, hammamelis and adrenaline.
14. Tablets Nasal.—Contain ¼ gr. cocaine, soda bicarb., benzoal., chlorid.
15. Ung. Gallæ c. Opio.—Contains 2.5 % opium, gallæ, lard benzoated.

6. *The Polish Government.*
(Communicated on March 27th, 1926.)

Emplastrum Opiatum.
Linimentum Saponatum Camphoratum c. Opio.
Tinctura Opii Benzoica (containing 0.05 of morphine).

7. *The Bulgarian Government.*
(Communicated on April 7th, 1926.)

Tinctura Opii simpl.
Tinctura Opii crud.
Tinctura Opii Benzoica.
Pulvis Doveri.
Extract. Cannab. Indic.
Tinctura Cannab. Indic.

8. *Government of the Irish Free State.*
(Communication of April 21st, 1926.)

1. Pulvis Cretæ aromaticus cum Opio.
2. Pulvis Ipecacuanhæ compositus.
3. Pilula Ipecacuanhæ cum Scilla.
4. Pulvis Kino Compositus.
5. Tinctura Camphoræ composita.
6. Tinctura Opii Ammoniata.
7. Unguentum Gallæ cum Opio.

9. *The German Government.*
(Communicated on May 14th, 1926.)

1. Pulvis Ipecacuanhæ Opiatus, D.A.B.V. (Pulvis Doveri P.I.), Dover's Powder (in tablet form or otherwise).
2. Emplastrum Opii.—Plaster with an opium base, containing not more than 5 % opium.
3. Pilulæ Bechicæ Heimii (Form. mag. Berol.) containing not more than about 6 % opium.
4. Pilulæ Hydrargyri jodati (Form. mag. Berol.) containing not more than about 8.5 % of opium.
5. Pilulæ contra tussim. (Form. mag. Berol.) containing not more than about 1.5 % of morphine salt.
6. Cocaine-Atropin tablets, each containing not more than 0.0003 gramme of cocaine salt and not less than 0.0003 gramme of atropine salt.
7. Caustic pastes for the nerves, containing, in addition to cocaine or morphine salts or both, at least 25 % of arsenical acids, provided that sufficient creosote or phenol is used to give the required consistency.
8. Acidum Benzoicum comp. c. Cocain., in the form of tablets, lozenges, pastilles, etc., containing not more than 0.3 % of cocaine salt, together with ipecacuanha powder, codeine, menthol and volatile oil (maximum weight, 1 gramme per tablet).
9. Natrium Biboracicum compos. c. Cocain., in the form of tablets, lozenges, pastilles, etc., hardened by compression and not easily breakable, containing not more than 0.2 % of cocaine salt together with not less than 20 % of borax and 20 % of antipyrin or other similar analgesic, and not more than 40 % of flavouring matter (maximum weight, 1 gramme per tablet, etc.).
10. Morphine and Scopolamine solutions, sterilised, in phials, containing not more than 1.5 % of morphine salts and not less than 0.05 % of scopolamine salt (maximum capacity of ampoule, 1.1 cm. 3), etc., as also tablets, lozenges, pastilles, etc., containing these substances in a suitable mixture, each tablet, etc., being sufficient to produce 1 cm. 3 of solution.

Preparations of Glycopon (and other scopolamine preparations of the kind mentioned under No. 10 (first paragraph)) containing, in addition to scopolamine and instead of morphine, glycopon, holopon, laudanum, narcophine, or pantopon, will be treated according to their content of morphine salt.

10. *The Austrian Government.*

(Communicated on April 29th, 1926.)

Mentions the following preparations as preparations to which, in accordance with Article 8 of the Convention, the provisions of the Convention should not be applicable :

| Name of pharmaceutical preparation | The sale of these preparations by all chemists in Austria is authorised under Registered No. | Composition | | Manufactured | | Austrian agency |
|---|---|---|---|---|---|---|
| | | Narcotic and proportion thereof | Other substances | In Austria by | Abroad by | |
| **(*a*) PREPARATIONS OF OPIUM** | | | | | | |
| Tablettæ Albumin. Tannic. c. Opio | 84 | Opium Powder 0.02 | Album. Tannic Sacch. alb. | Chem. Fabrik Dr. Franz Stohr, Vienna, VI | — | — |
| Laudanum, phials | 159 | — | Scopolamine | — | Chem. Fabrik C. H. Boehringer & Sohn, Nieder-Ingelheim | M. Longinovits, Chemist, Vienna XV |
| Laudanum, phials | 185 | — | Atropine | — | Chem. Fabrik C. H. Boehringer & Sohn, Nieder-Ingelheim | M. Longinovits, Chemist, Vienna XV |
| Pantopon, phials | 626 | — | Sulphate of Atropine | — | Hoffman La Roche, Basle, Switzerland | Pharmazeutische Industrie A.G. Vienna V. |
| Pantopon, phials | 627 | — | Scopolamine | — | Hoffman La Roche, Basle, Switzerland | Pharmazeutische Industrie A.G. Vienna V. |
| Tablets of powdered Ipecacuanha with Opium | 668 | — | — | Fabrik chem. pharm. Präparate Dr. Franz Stohr, Vienna, VI | — | — |
| Otalgan, solution | 1458 | Extract of Opium 0.25 % | Antipyrin Papaverin | — | Sächsisches Serumwerk A.G., Dresden | Chemosan A.G. Vienna I. |
| Dover's Powder | 1637 | — | — | Chemosan A.G. Vienna I. | — | — |
| Yatren 105, Yatren Powder, Solution of Yatren | 1788<br>1790 | Opium 5 %<br>Cocaine 2.5 % | Yatren pure, Yatren casein | —<br>— | Behringwerke A.G., Marburg a. L. | M. Longinovits, Chemist, Vienna XV. |
| **(*b*) PREPARATIONS OF INDIAN HEMP** | | | | | | |
| Antalgine, liniment | 266 | Extract of Indian Hemp 1 % | Menthol, Eucalyptol, Stearin, Liq. Caps. Comp. | M. Kleewein, Chemist, Krems | — | — |
| Tablets of Indonal Burgi | 2079 | Extract of Indian Hemp 0.025 | Acid. diæthyl. barbitur | — | Dr. Fresenius, Chem. Pharm. Fabrik, Frankfort-on-Main | M. Haubner, Chemist, Vienna I. |
| **(*c*) COCAINE PREPARATIONS** | | | | | | |
| Conephrin | 254 | Cocaine mur. 0.01. | Paranephrin, Sodium Chloride | — | Dr. Thilo, Mainz | Pharmazeutika A.G., Vienna III. |
| Lindesin Solution Tropacocaine-Stovain-Suprarenin-Chinosol | 326 | Cocaine 0.01 % | — | M. Seewald, Chemist, Vienna VII. | — | — |
| Bernatzik's Injections | 653 | Cocaine 0.01 | Suprarenin | M. C. Haubner, Chemist, Vienna I. | — | — |
| Bernatzik's Injections | 654 | Cocaine 0.02 | Hydrarg. Bicyanat. | M. C. Haubner Chemist, Vienna I. | — | — |

| Name of pharmaceutical preparations | The sale of these preparations by all chemists in Austria is authorised under Registered No. | Composition: Narcotic and proportion thereof | Composition: Other substances | Manufactured: In Austria | Manufactured: Abroad | Austrian agency |
|---|---|---|---|---|---|---|
| | | | | by | | |
| **(c) COCAINE PREPARATIONS *(continued)*** | | | | | | |
| Bernatzik's Injections | 655 | Cocaine 0.01 | Hydrarg. Succin. | M. C. Haubner, Chemist, Vienna I. | — | — |
| Stila's Injections | 869 | Cocaine 0.01, 0.04 | Suprarenin Aqua, | Dr. Grohs-Fligely, Chemist, Vienna IX. | — | — |
| | 871 | Cocaine 0.01, 0.03 | Hydrarg. Succin. Aqua. | | — | — |
| Nosucoc., phials | 1567 | Cocaine 0.10 % | Novocain, Suprarenin. | — | Merzwerke, Frankfort-on-Main | M. Longinovits, Chemist, Vienna XV. |
| **(d) MORPHINE PREPARATIONS** | | | | | | |
| Phials | 37 | Morphine 0.02 | Sulphate of Atropine | Œsterr. Heilmittelstelle, Vienna III | — | — |
| Modiscop, phials, Weak : Strong : | 594 1007 | Morphium H. 0.02 | Dionin, Hydrobromate of Scopolamine | M. C. Brady, Chemist, Vienna I. | — | — |
| Modiscop, tablets | 1941 | Morphine H. 0.007 | Dionin, Hydrobromate of Scopolamine Aloin Cocoa Sacch. | M. C. Brady, Chemist, Vienna I. | — | — |
| Bernatzik's Injections | 656 | Morphine 0.02 | Atropine | M. C. Haubner, Chemist, Vienna I | — | — |
| | 657 | Morphine 0.01 | Caffein. Natr. Benz. | | — | — |
| | 658 | Morphine 0.02 | Hyoscine | | — | — |
| | 659 | Morphine 0.01 | Scopolamine | | — | — |
| Digimorval, tablets | 706 | Morphine 0 .005 | Pulv. Fol. Digit. Menthol Valerian | — | Münchner pharm. Fabrik, Munich | M. Longinovits, Chemist, Vienna XV. |
| Stila's Injections | 872 | Morphine H. 0.015 and 0.02 Morphine H. 0.025 | Atropine | M. Dr. Grohs-Fligely, Chemist, Vienna IX | — | — |
| | 874 | Cocaine H. 0.01 0.1 and 0.2 | Sodium Chloride Water | | — | — |
| Amnesin, phials | 1078 | Morphine, Narcotine | Quinine | — | C. H. Boehringer & Sohn, Mannheim Waldhof | Moritz Richter. Drogengrosshandlung, Vienna VI. |
| Astuco (Asthma Spray) | 1281 | Cocaine Nitros. 0.5 | Extr. of Quebracho, Natr. nitros. Atropine, Prussic Acid, Alcohol. | M. Kris, Chemist, Vienna I. | — | — |
| Rectonervan, suppositories | 1371 | Morphine H. 0.02 | Pyramidon, Caffein, Cocoa-butter. | Fabrik Chem. phar. Präparate Gimborn & Zifferer, Vienna X | — | — |
| Coffeo-spirin, tablets | 1486 | Morphine H. 0.005 | Salicylic Acid, Acetic Acid, Coffein. citric. | | Chem. Fabrik Dr. R. & Dr. O. Weil, Frankfort-on-Main | Former Hof-Apotheke, Vienna I. |
| Voice tablets | 1382 | Cocaine 0.00025 | Borate of Soda | — | Burroughs Wellcome & Co. London | M. Mag, Chemist ; M. Kris, Chemist, Vienna I. |
| Winter's Injections | 2000 | Cocaine H. 0.00095 | Adrenalin in phenol solution Chlor. of Soda | — | H. Cassetti & Co. Vincennes (Seine) | Dr. J. Muller, Chemist, Vienna I. |

11. *The Government of Hungary.*
(Communication of May 28th, 1926.)

Codeine.
Papaverine.
Narcotine.

12. *The Government of India.*
(Communication of June 17th, 1926.)

*Opium Preparations* :

1. Dover's Powder.
2. Unguentum Gallæ c. Opio.
3. Cotarnin.

*Morphia, etc., Preparations* :

4. Apomorphine Hydrochlor.
5. Codeine.
6. Mono-ethyle-Morphinæ Hydrochloridum (Dionin).

*Galenical Preparations of Indian Hemp* :

7. Chlorodyne of the 1885 British Pharmacopœia.

13. *The Government of Roumania.*
(Communication of August 4th, 1926.)

Anticholerine.
Anticholeric Tincture.
Elixir of Paregoric.
Dover's Powder.
Syrup of Codeine.
Syrup of Diacodium.
Syrup of Opium.

14. *The Swedish Government.*
(Communication of January 14th, 1927.)

Linctus pectoralis, Swedish Pharmacopœia, 10th Edition.
Liniment. Chloroformii Compositum, Swedish Pharmacopœia, 10th Edition.
Pilulæ Terebinthinæ Compositæ, Swedish Pharmacopœia, 10th Edition.
Tinctura Thielemanni, Swedish Pharmacopœia, 10th Edition.
Tinctura Opii Benzoica, Swedish Pharmacopœia, 10th Edition.
Trochisci Glycyrrhizæ Opiati, Swedish Pharmacopœia, 10th Edition.

and all preparations in which are included any of the above-mentioned.

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C.L. 13 1927. XI.
Annex.

## Appendix III.

LETTER FROM THE SWEDISH GOVERNMENT TO THE SECRETARY-GENERAL OF THE LEAGUE.

[*Translation.*]

Stockholm, January 14th, 1927.

In a letter dated October 27th, 1925 (C.L.131.1925.XI.), you were kind enough to bring to the notice of the Swedish Government a resolution adopted on September 26th, 1925, by the Assembly of the League of Nations requesting the States which had not yet done so to ratify the agreements and resolutions adopted in particular by the second Opium Conference or to accede to them. You added — and repeated in a letter dated November 13th, 1925 (C.L.136(a).1925.XI.)—that the Secretariat of the League of Nations was ready to help in accomplishing the formalities necessary for the depositing of the instruments of ratification or of accession.

In a letter dated October 27th, 1926 (C.L.132.1926.XI.), you further directed the attention of the Swedish Government to two resolutions adopted, one by the Advisory Committee on the Traffic in Opium and other Dangerous Drugs and the other by the Assembly of the League of Nations in its seventh ordinary session, expressing the wish that the International Opium Convention signed on February 19th, 1925, should be put into execution as soon as possible.

Referring to these letters, I have the honour to inform you that the Swedish Government, which was represented at the Second Opium Conference and which took a keen interest in its work, has submitted the question of Sweden's accession to the 1925 Convention to a most careful examination.

Before coming to the results of this examination, I would remind you that Sweden ratified in due course the International Opium Convention of January 23rd, 1912, which, so far as Sweden is concerned, came into force on January 13th, 1921. The Swedish Government considers that the provisions of this Convention are of themselves sufficient to prevent Sweden from becoming a centre of the illicit traffic in narcotics. It is aware, however, that, in spite of the Hague Convention, there is a considerable clandestine traffic in these drugs, often extremely well organised, and that cases of this traffic have recently occurred in Sweden also.

For these reasons, the Swedish Government, which entirely approves the moral object of the stipulations of the Geneva Convention, would be glad to be able to do its share in strengthening the measures taken against the illicit traffic in opium by acceding in principle to this Convention, in spite of all the delays and difficulties such accession might cause Sweden in supplying herself with the medicines which she requires.

The examination of the question which was made by the central competent authorities showed that Sweden's unreserved accession to the Convention in its present wording would involve certain changes in the national legislation which, without giving any additional guarantee against the illicit traffic in narcotics would cause such inconvenience to the population that its adoption could hardly be recommended. The objections to these changes, which do not actually affect the fundamental principles of the Convention but only some of its secondary provisions, do not seem entirely to preclude the possibility of accession. Before reaching a definite decision whether or not to submit to the Riksdag a proposal for accession, the Swedish Government desires to inform you of its point of view, and of the conditions considered essential if Sweden is to accede to the Convention, and would ask you to submit them for consideration in the proper quarters.

1. Article 6 *(c)* of the Convention reads as follows :

> " With this object, the Contracting Parties shall :
>
> . . . . . .
>
> " *(c)* Require that such persons shall enter in their books the quantities manufactured, imports, exports, sales and all other distribution of the said substances. This requirement shall not necessarily apply either to supplies dispensed by medical practitioners or to sales by duly authorised chemists on medical prescriptions, provided in each case that the medical prescriptions are filed and preserved by the medical practitioner or chemist. "

It would appear that the expression " the said substances " must be interpreted as applying to all substances specified in Article 4, and consequently the observation of Article 6 would entail an obligation on the pharmacists either to enter in their books all sales which they made of the numerous medicines containing opium, morphine, cocaine or diacetylmorphine and which they supply on a medical prescription, or to retain all the prescriptions referring to these medicines.

It would hardly be possible in Sweden to exercise this form of control under satisfactory conditions, because a large number of medicines contain two or more of the substances in question or preparations into which these substances enter, and the necessity for keeping very minute records would delay and greatly complicate the making-up of prescriptions. But such a system of control appears in any case superfluous as pharmacies in Sweden are administered in such a way, and the standard required from the pharmacists is so high, that it would be practically impossible for the illicit traffic to draw on their stocks for supplies of narcotics. You will find attached a short statement on the organisation of Swedish pharmacies, which offers, I think, all the necessary guarantees in connection with the traffic in dangerous drugs.

Nor, it would appear, was it the aim of this provision of the Geneva Convention to institute a general system of control—all sales of the substances in question to be entered in the books of the pharmacies. It is the custom in some countries that all the prescriptions should be kept by the pharmacists. This is not the case, however, in Sweden, where, with certain specified exceptions, the prescriptions are, in the eyes of the law, the property of those to whom they have been given, even after they have been made up. A prescription requiring the use of narcotics cannot now be made up in this country, even with the authority of the doctor who made it out, more than four times after it has been issued ; an endorsement by the doctor is required for a further supply, and it may be repeated three times on the strength of each endorsement. Some preparations containing narcotics but which are not considered dangerous may be supplied without a special apostil an unlimited number of times on a single prescription. It is obvious, therefore, that a provision requiring the pharmacists to retain and preserve all the prescriptions containing narcotics would considerably increase the difficulties of the population in procuring a large number of important medicines, and, by making the further supply of the same medicine conditional upon a new prescription, would thus render pharmaceutical drugs considerably more expensive.

In view of these facts, the competent Swedish authorities have decided that they cannot recommended the accession of Sweden to the Geneva Convention unless such accession were accompanied by the following reservation :

> " Since the sale to consumers of the substances specified in Article 4 can only be carried out in Sweden by the pharmacies, and since these are subjected to a strict system of control, the Swedish Government considers that the object of the provisions of Article 6 *(c)* are already fulfilled as regards Sweden even though each of the quantities supplied is not entered in the books of the pharmacists and these latter do not retain the prescriptions. "

Would accession accompanied by such a reservation be valid ? The Swedish Government wishes to be clear on this point before taking a decision, and I should therefore be very grateful if you would be kind enough to obtain, either from a competent organ of the League of Nations, or possibly from the Powers which signed the Convention, an authoritative reply to the question whether Sweden can accede to the Opium Convention signed on February 19th, 1925, with the addition of this reservation as regards Article 6 *(c)*.

2. Article 8 of the 1925 Convention provides facilities for withdrawing from the scope of this agreement preparations containing narcotics which, because of the nature of the medicaments with which these narcotics are compounded, cannot give rise to abuses, and whose composition precludes in practice the recovery of the narcotics.

In a letter dated November 6th, 1925 (C.L.115.1925.III), you were good enough to communicate a resolution adopted by the Health Committee, and approved by the Council of the League of Nations, which requests the Governments to state what products containing narcotics should, in their opinion, in conformity with Article 8, be withdrawn from the scope of the Convention.

Referring to this letter, I have the honour to inform you that, in accordance with enquiries made by the Swedish authorities, it appears that the following preparations to which the provisions of Article 4 of the Convention apply should not come within the scope of the Convention :

Linctus Pectoralis, Ph. svec., Ed. X ;
Linimentum Chloroformii compositum, Ph. svec., Ed. X ;
Pilulæ Terebinthinæ Compositæ, Ph. svec., Ed. X ;
Tinctura Thielemanni, Ph. svec., Ed. X ;
Tinctura Opii Benzoica, Ph. svec., Ed. X ;
Trochisci Glycyrrhizæ Opiati, Ph. svec., Ed. X ;

as well as all preparations into the composition of which these preparations enter.

I should be very grateful if you would have this question examined in accordance with Article 8 of the Convention, and inform me in due course of the result—on which will depend to some extent the Swedish Government's decision regarding the accession of Sweden to the Convention.

(*Signed*) Eliel Löfgren.

*Memorandum regarding the Swedish System of Pharmacies.*

The system of pharmacies in Sweden is organised on a basis of personal concessions, which has proved to be better than any other system at present in use. Every pharmacy is owned and managed by a person on whom the Crown has conferred an exclusive privilege for this purpose. Only persons who have successfully passed the examinations for " pharmacist candidate " and pharmacist, and have been given the title of " authorised pharmacist " (*legitimerad apotekare*) by the Medical Services Control Board, can qualify to obtain this privilege. Before the right to open a pharmacy is conferred, a central commission draws up a list of candidates, and the Medical Services Control Board then recommends to the Crown one of the candidates to whom they consider that preference should be given.

These two examinations can only be passed at the Pharmaceutical Institute at Stockholm, the statutes of which are drawn up by the Crown. The examination for pharmacist may not be taken until the expiration of six years after the baccalauréat (*studentexamen*), which is compulsory for candidates wishing to study pharmacy.

It is incumbent on the Medical Services Control Board, which exercises general supervision over everything relating to hygiene and the public health services of the Kingdom, to ensure that the pharmacies are conducted by duly qualified persons, and that the pharmacist and their assistants conform to the laws and regulations. To this end the Board is assisted by an official doctor for each Province and an official doctor for each locality and by special inspectors of pharmacies. Regulations are drawn up by the Crown and by the Medical Services Control Board. The Swedish pharmacies have always been controlled by the Government under a system of very precise regulations.

C.H. 542.

## ANNEX 125.

## SUMMARY OF THE PRESENT ACTIVITIES OF THE HEALTH ORGANISATION.

*Note by the Medical Director submitted to the Committee on February 15th, 1927.*

As the members of the Committee appointed in December 1926 will hold their first session in February and as the eighth session of the Health Committee met late in October 1926, the President decided that it was unnecessary for the Medical Director to submit a report on the work done since the last session and that it would be sufficient if a note giving a summary of the present activities was submitted at the present session.

A. Work entrusted to the Health Section by the Health Committee at its Eighth Session, held at Geneva from October 13th to 19th, 1926.

1. A memorandum was to be prepared on methods of disseminating more widely information in regard to the work and publications of the Health Organisation (Resolution III). The examination of this question is now proceeding, but, as it is not included on the agenda of the February session, the memorandum will not be submitted until the first session at which it is so included.

2. The Committee, having considered the report by the Medical Director on the List of Causes of Death and the correspondence on this subject with the International Institute of Statistics relating to the observations made during the discussions, had decided :

> " *(a)* To entrust to a committee of experts the study of the documents transmitted to the Health Section by the Governments which comply with its request and of the preparatory work incidental to the revision of the nomenclature now in use " (Resolution VI, first part).

The Committee of Experts was, at our invitation, constituted as follows :

> Professor H. Westergaard, Copenhagen, *Chairman* ;
> Mr. Vivian, Registrar-General, England ;
> Professor Haven Emerson, New York ;
> M. Huber, Director of the Statistique Générale de France, Paris ;
> Professor Gini, President of the Italian Statistical Institute, Rome.

The first meeting of the Committee was convened at Geneva from March 14th to 18th, 1927, with the following agenda :

> 1. Examination of the proposals submitted by the Governments concerning the revision of nomenclature, including the proposals of the four Scandinavian countries adopted at the meeting of those countries at Copenhagen on December 11th, 1926.
>
> 2. Proposals concerning the revision of nomenclature submitted by the American committee which deals with such questions.
>
> 3. Proposals concerning the unification of the methods adopted for the registration of infant mortality submitted by Professors Gini and Rott on the occasion of the Conference of Child Welfare Experts held at Geneva in September 1926, and referred by the Health Committee to the Committee of Experts for its opinion.

The necessary documentation is now being prepared and the Health Section has obtained the assistance of Dr. Roesle, a member of the Federal Health Office of Germany.

The Committee had further decided :

> " *(b)* To keep the International Institute of Statistics in touch with the work of the Committee of Experts and, when the moment appears opportune, to convoke a preparatory conference of the Committee of Experts and a delegation from the Institute, in order to secure agreement on the questions which will be submitted to the future international conference " (Resolution VI, second part).

Copies of the correspondence with the President of the International Institute of Statistics are annexed to the present note (Annex 126).

3. The information which the Medical Director was requested to collect " for a comparative study of school health programmes and regulations and for the study of certain special problems of school hygiene, such as nutrition of school-children and the prevention of certain infectious school diseases " (Resolution VIII), will be ready for the Committee when the latter decides to discuss the question.

4. The Medical Director's report concerning physical education, to be prepared " in consultation with experts in physical education and after consultation with the health authorities of Czechoslovakia " (Resolution XII), will take another four to six months to prepare.

The Czechoslovak Ministry of Public Health and Physical Education has undertaken a detailed examination of the question and valuable documentation is now being collected.

5. The Committee having decided to continue the enquiry on trachoma along the lines indicated in the report by Dr. Lutrario and Dr. Jitta (Resolution XIV), a letter was addressed by the Health Section to the public health departments of countries in which trachoma is prevalent in an epidemic form, requesting information. A copy of this letter is annexed to the present note (Annex 127).

## B. Work of the Commissions.

### 1. *The International Sleeping-Sickness Commission.*

This Commission has forwarded a voluminous report which is being communicated separately to members of the Committee (C.H.536).

The Italian Government has appointed a new member of the Commission in the person of Dr. Peruzzi, Army Medical Corps, who joined the Commission at Entebbe at the beginning of February. The mission will leave Uganda on June 30th and the final technical report will probably be communicated to members of the Committee, members of the Council and all the Governments concerned in August 1927.

In conformity with the opinion of the Council, which approved the proposals submitted to it by Viscount Ishii at its session in December 1926 (C.626.1926.III.), the Governments represented at the first Conference on Sleeping-Sickness in London, which appointed our Commission, will be invited by the Council of the League to meet towards the end of the year, in order to examine the Commission's recommendations.

The following contributions from Governments have been promised :

£250 from the Portuguese Government ;
10,000 belgas from the Belgian Government ;
50,000 lire from the Italian Government ;
£1, 525 from British sources, on condition, however, that this is the last payment and that the other Governments represented at the Conference contribute proportionate sums towards the expenses of the mission.

We have communicated with the French and Spanish Governments.

### 2. *Cancer Commission.*

We have not yet received either a summary of the Commission's work or proposals concerning subsequent studies.

### 3. *Malaria Commission.*

*(a)* As the Commission is to meet at Geneva on February 14th, its report will be communicated to members of the Committee during the session.

*(b)* The Committee having decided that a general report should be published on the experience obtained by the Commission in the course of the collective studies carried out since the beginning of its work, Colonel S. P. James was good enough to undertake to frame a draft report, which is at the moment being discussed in detail by the Drafting Committee and the Malaria Commission. This report will probably be published in its final form in the near future.

*(c)* The Committee having decided to repeat in 1927 the malaria courses held in 1926 (Resolution V, 4) at the Institutes of Tropical Medicine at Hamburg, London and Paris, followed by the practical stage in the countries where malaria prevails, the Health Section has succeeded in again obtaining the co-operation of these institutes and that of the directors of anti-malaria stations.

The course at these stations will be supplemented this year by practical instruction from the directors.

### 4. *Smallpox and Vaccination Commission.*

This Commission met at Berlin on January 13th and 14th. It reached an agreement concerning the methods to be employed for testing the efficacy of vaccinal calf-lymph. Its report is annexed to the present Note (Annex 128).

### 5. *Conference of Child Welfare Health Experts.*

This body of experts met in Paris from January 17th to 20th and adopted a very detailed plan of enquiry, which is now being carried out in selected districts in Germany, England, Austria, France, the Netherlands and Norway.

The detailed report of this Conference is annexed to the present Note (Annex 129).

The Committee having decided " to invite experts from South American countries to participate in the studies proposed by the Conference, and to convene these experts in a Latin-American country to examine and present a report on the results of their studies " (Resolution IX), the co-operation of Professor Morquio, of Montevideo, Professor Figueira, of Rio de Janeiro, and Professor Araoz Alfaro of Buenos Ayres has been obtained.

The South American experts are kept in touch with the proposals of their European colleagues and, with the approval of the Uruguayan Government, will hold a meeting at Montevideo in June next. The President of the Committee and the Medical Director will also be present.

6. Laboratory studies, the programme of which was adopted by the Permanent Standards Commission, are being continued at the National Serum Institute at Copenhagen, which serves as a central laboratory for the Health Committee, for the co-ordination of serological researches, as well as at the National Medical Research Institute in London, which serves the same purpose for biological products. Investigations are also proceeding at the Frankfort Institute of Medicine and Experimental Pathology, the Polish State Health Institute at Warsaw, the Serological Institute at Bucharest and the Health Institute of the University of Basle.

## C. Current Activities of the Health Section.

1. The *Epidemiological Intelligence Service* has published since the October session :

A weekly report, which appears every Friday ; and
A monthly report, which appears on the 15th of each month.

Special bulletins were published and information was transmitted by telegram and through the Nauen wireless station concerning the European influenza epidemic. These special bulletins appeared on January 11th, 14th, 18th, 21st, 26th and 28th, and on February 1st and 4th, the wireless messages being sent out from the Nauen station on January 15th, 19th, 22nd, 26th and 29th, and on February 2nd and 4th.

Two handbooks of vital statistics have appeared since the October session, one dealing with Portugal and the other with the Scandinavian countries.

2. *Interchanges.*

*(a)* The international public health course organised, at the initiative and with the assistance of the Health Committee of the League, by the Institute of Hygiene of the Faculty of Medicine of the University of Paris began on January 17th. The programme of this course is annexed to the present note (Annex 130).

The twenty-six medical officers taking the course were either nominated by their respective health departments or were entered in the usual way, at their own request, as unattached auditors.

The course will end on March 4th, being followed by individual studies of about six weeks which will enable the participating officers to study in several countries subjects of particular interest to their respective health departments.

*(b)* A collective interchange will begin in Great Britain on February 21st. It will be organised in conformity with the new decisions passed at the eighth session of the Committee which restricted to two, or at most three, the number of medical officers proceeding to any one of the six districts selected for study.

*(c)* A collective interchange, limited to twenty-five medical officers, will be organised in Germany, beginning on September 19th. It will be divided into five groups and will last six weeks.

The Medical Director's proposals concerning the future programme of interchanges are annexed to the present note (Annex 131).

3. *Individual Grants.*

*Japan and China.*—The following are at present engaged in studies in Japan :

Professor Egerton Grey, Professor of Chemistry and Biochemistry at the University of Cairo ;

Dr. Olympio Fonseca, parasitologist at the Oswaldo Cruz Institute at Rio de Janeiro ;

Dr. Sava Saulic, formerly head of the Anti-Malaria Station at Struga, now parasitologist at the Central Health Institute at Teorpag, Kingdom of the Serbs, Croats and Slovenes.

Professor Grey is at present at the Imperial Institute of Nutrition at Tokyo, where he is studying the work of the Japanese School of Nutrition.

Dr. Fonseca is pursuing his researches at the Kitasato Institute at Tokyo ; and Dr. Saulic is working under the direction of Dr. Miyagawa at Dr. Nagayo's Government Institute for Infectious Diseases at Tokyo.

Five Japanese experts are at present in Europe, namely :

Dr. Tetsuichi Hara, head of the division for research into nutrition, who is studying nutrition problems at Sheffield University under the direction of Professor Mellanby.

Dr. Zenjuro Inouye, of the Bacteriological and Serological Department of the Government Institute for Infectious Diseases at Tokyo, who is studying the theory and practice of buccal vaccination under Professor A. Besredka in Paris ; he will continue his studies at Berlin, Warsaw and Prague.

Dr. Izawa, Professor of Bacteriology at the University of Keio and the Kitasato Institute at Tokyo, who is studying in Europe the methods employed for the prevention of venereal diseases. After a period of study at Breslau, Berlin and Hamburg, he has gone to Copenhagen, and from there he will go on to Great Britain, the Netherlands, Belgium and France.

Dr. Kyoye Kuroda, Inspector of Infectious Diseases at the Health Bureau of the Ministry of the Interior at Tokyo, who is studying the relations between the system of health insurance and the public health services. This study, which was begun at Geneva in the Health Section and at the International Labour Office, will be pursued in various European countries.

Professor Tadasu Saiki, Director of the Imperial Institute for Nutrition at Tokyo, came to Europe at the Committee's invitation, and, after giving lectures at the International Course on Public Health in Paris, described the present position of the work of the Japanese school before members of the Biochemical Society of Paris and of Vienna.

He will submit the results of his studies to members of the Health Committee at the present session, and will then continue his lectures at Berlin, Copenhagen and Stockholm and in England. At the invitation of the Rockefeller Foundation, he will visit the United States and will then meet the President of the Committee and the Medical Director in Brazil.

Dr. Wu Lien Teh, Director of the Chinese Plague Prevention Service, will arrive in March for a three-months' study at the various European research institutes : he will get into touch with university circles and public health departments interested in the prevention of plague.

*Europe.*—Dr. Dusan Ivetic, Deputy Minister of Health of the Kingdom of the Serbs, Croats and Slovenes, has been studying in France and Austria the methods employed for the prevention of tuberculosis.

*United States.*—Dr. C. White, of the Washington Hygienic Laboratory, is studying, on behalf of the United States Federal Health Service, the methods of standardisation employed in the Government Institutes in Germany, Austria, Denmark and England and at the Pasteur Institute in Paris. Dr. White is enquiring specially into preventive vaccination against tuberculosis and the standardisation of tuberculin.

4. *Health Insurance.*

The study of health insurance from the point of view of the relations which should or might be established between health insurance services and public health services has been continued.

The investigators appointed by the German, Austrian, Hungarian, Polish and Czechoslovak administrations met at Copenhagen from November 29th to December 1st, 1926, in order to examine the Danish system.

Professor Grotjahns' report concerning the employment of the "Krankenkasse" system for the purposes of preventive medicine will be ready shortly. Professor McLeary, of the British Ministry of Health, is preparing a similar report on British experience in the matter, and Dr. Kuhn, of the Danish Medical Association, has been requested to prepare a report on the rôle of the doctor in health insurance from the point of view of this study.

The detailed proposals concerning the pursuit of this study which the Medical Director was requested to furnish by the Committee at its eighth session are annexed to the present note (Annex 132).

5. *Comparative Enquiry into Tuberculosis.*

This enquiry is still proceeding in Scandinavian countries, and it is hoped that it may be possible to submit a final report in a few months' time.

6. *International Health Conference at Melbourne, (December* 1926).

Dr. Norman White, who represented the Health Committee at this Conference, has forwarded the resolutions which it adopted ; these are annexed to the present note (Annex 133).

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C.H. 537.

## ANNEX 126.

## REVISION OF THE INTERNATIONAL LIST OF CAUSES OF DEATH.

*Letter from the Medical Director to the President of the International Institute of Statistics.*

Geneva, November 11th, 1926.

[*Translation.*]

I have the honour to inform you that, at its session in October last, I submitted to the Health Committee, in a document of which I enclose a copy, the letters which you were good enough to write to me. I also reported to the Committee on the work to be done with a view

to giving effect to a resolution adopted by the Committee in the course of a previous session relating to the proposed revision of the International List of the Causes of Death. After a detailed examination, the following resolution was adopted :

" The Health Committee,

" Having taken note of the report of the Medical Director concerning the vocabulary of the causes of death, as also of the correspondence exchanged on this subject with the International Institute of Statistics, and referring to the remarks made in the course of the discussion in Committee,

" Decides :

" *(a)* To entrust a Committee of Experts with the examination of the documents sent to the Health Section by the Governments which replied to its appeal, as also with the study of the preparatory work for the revision of the vocabulary actually in use ;

" *(b)* To keep the International Institute of Statistics informed of the work of the Expert Committee, and, when the time appears opportune, to invite the said Committee and a delegation of the Institute to a preparatory meeting with a view to reaching an understanding on the questions which will be submitted to the forthcoming International Conference. "

In adopting this resolution, the Committee was animated by the desire of giving satisfaction to you personally and to the International Institute of Statistics, and we all sincerely hope that it will now be possible for us to realise a complete understanding and that the Committee's resolution may provide the basis for a fruitful co-operation.

I can only communicate this resolution to you privately, since the Health Committee's report has yet to be approved by the Council of the League of Nations, but I was anxious to inform you as soon as possible of the Committee's decisions and sentiments.

(*Signed*) L. Rajchman,

*Medical Director.*

*Further Letter from the Medical Director to the President of the International Institute of Statistics.*

[*Translation.*] Geneva, December 9th, 1926.

In your letter of September 22nd, 1926, you were good enough to communicate to me the views of the International Institute of Statistics with regard to the way in which co-operation might be realised between that Institute and the Health Committee of the League of Nations, and you asked me to submit the matter for the consideration of the Health Committee.

The correspondence exchanged between the International Institute of Statistics and the Health Organisation of the League of Nations was communicated to the Health Committee, which, after a detailed examination, adopted the following resolution in the course of its last session :

" The Health Committee,

" Having taken note of the report of the Medical Director concerning the vocabulary of the causes of death, as also of the correspondence exchanged on this subject with the International Institute of Statistics, and referring to the remarks made in the course of the discussion in Committee,

" Decides :

" *(a)* To entrust a Committee of Experts with the examination of the documents sent to the Health Section by the Governments which replied to its appeal, as also with the study of the preparatory work for the revision of the vocabulary actually in use ;

" *(b)* To keep the International Institute of Statistics informed of the work of the Expert Committee, and, when the time appears opportune, to invite the said Committee and a delegation of the Institute to a preparatory meeting with a view to reaching an understanding on the questions which will be submitted to the forthcoming International Conference. "

This resolution has been submitted to the Council of the League of Nations in a report which was presented by the Chairman of the Health Committee on the work of its eighth session and which has been approved by the Committee.

I have the honour to communicate this information to you and to ask you kindly to transmit the same to the members of the International Institute of Statistics.

(*Signed*) L. Rajchman,

*Medical Director.*

*Letter from the President of the International Institute of Statistics to the Medical Director.*

[*Translation*]. Paris, December 9th, 1926.

You did me the honour of communicating to me privately the decision taken by the Health Committee at its last session with regard to the revision of the vocabulary of the causes of death.

While thanking you for this unofficial communication, I can only express to you my sincere regret at this decision. The appointment of an Expert Committee for the work preparatory to the revision of the vocabulary when the International Institute of Statistics is already engaged on the same work will lead to a great part of the Committee's work being duplicated by ours. This is just what I thought it desirable to avoid when I was informed of the Health Committee's wish to concern itself with this question, and that is why I considered the possibility of associating your organisation, if it so desired, with the preparatory work which the International Institute of Statistics had up till then undertaken single-handed for the 1900 meeting and then for the 1910 and 1920 revisions. As I explained to you when we met in Paris, and as I confirmed to you in my letters of August 23rd and September 22nd, I thought that this end might be reached by constituting a mixed commission like those which we have in connection with other organisations of the League of Nations ; this mixed commission would have made a common study, and then prepared resolutions to be proposed at a general meeting of the International Institute of Statistics at its Cairo session.

This form of co-operation not being desired by the Health Committee, the only form of co-operation that it thinks possible is to keep the International Institute of Statistics informed of the work of the Expert Committee which you are going to appoint, and, when the time seems opportune, to invite a delegation from the Institute to a preparatory meeting with the Expert Committee with a view to reaching an understanding on the questions which will be submitted to the forthcoming International Conference.

The International Institute of Statistics will be very glad to be kept informed of the work of the Expert Committee and will receive with much interest the information which you will be good enough to send it. As for sending a delegation from the Institute to a meeting with the Expert Committee, the statutes of our Institute do not permit of its authorising a delegation to take decisions in its name, but only to appoint commissions for the purpose of making reports to it, on the receipt of which it reserves the right to express its opinion at a general meeting.

You were good enough to say that, in adopting its resolution, the Health Committee had been animated by the desire of giving satisfaction to the International Institute of Statistics and to me personally. I would thank you for this courtesy and need not tell you how much our Institute and its President have likewise been animated by a desire to give satisfaction to the Health Committee, which had also decided to concern itself with the questions relating to the revision of the vocabulary. This you no doubt already realised in view of my insistence in writing you the two letters in which we offered to organise jointly, in a mixed commission, the study of these questions, and in view of the fact that we have even postponed on that account for several months the continuation of the preparatory work of the Rapporteur of our Institute who had taken over the duties discharged at previous conferences by his predecessor, the late Jacques Bertillon.

(*Signed*) A. Delatour,

*President of the International Institute of Statistics.*

*Letter from the Medical Director to the President of the International Institute of Statistics.*

[*Translation.*] Geneva, December 20th, 1926.

I have the honour to thank you for your letter dated December 9th, which no doubt replies to my letters dated November 11th and December 9th. I take the liberty of drawing your attention to the fact that the letter dated December 9th was of a quite official character. I will not fail to communicate your letter to the Health Committee at its next session.

(*Signed*) L. Rajchman,
*Medical Director.*

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C.H. 542.

## ANNEX 127.

## TRACHOMA.

*Letter from the Medical Director to the Public Health Departments of Countries in which Trachoma is prevalent.*

Geneva, January 20th, 1927.

I have the honour to inform you that, in conformity with the proposal made by the Italian delegation to the sixth Assembly in October 1925, the Health Section of the League

of Nations was instructed by the Health Committee to collect data on the prevalence of trachoma and the measures undertaken to combat that disease in various parts of the world.

In order that the information at our disposal may be complete, it is important to obtain all available data for as many countries as possible. We should be very grateful, therefore, if you could assist us in procuring particulars with regard to trachoma in . . . . .

Information is more especially required with reference to the following points :

The course of the disease during recent years ;
Its geographical distribution ;
Laws and regulations adopted by the sanitary authorities for the prevention of the disease ;
Is the notification of trachoma compulsory in isolated cases or only under certain conditions (epidemics, schools, etc.) ?
Surveys of school-children with regard to trachoma ; results of such examinations ;
Dispensaries or trachoma centres, whether established separately or attached to hospitals or clinics ;
Public education in regard to prophylaxis ;
Conditions of housing and living, in so far as they might favour the spread of trachoma ;
Do medical officers receive such special instruction as will enable them to diagnose and treat cases of trachoma ?
Are visiting nurses employed ?
Most recent statistical data.

I need not add that we shall be glad to receive any other information or suggestions which you consider of importance for our records, and that we shall greatly appreciate any information which you may be able to transmit with regard to trachoma in. . . . .

(*Signed*) L. RAJCHMAN,
*Medical Director.*

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C.H. 533.

## ANNEX 128.

## REPORT ON THE WORK OF THE SMALLPOX AND VACCINATION COMMISSION DURING ITS SESSION HELD IN BERLIN ON JANUARY 13TH AND 14TH, 1927

Geneva, January 31st, 1927.

The Smallpox and Vaccination Commission of the Health Committee of the League of Nations met in Berlin at the Robert Koch Institute for Infectious Diseases on January 13th, 1927, at 11 a.m., under the Chairmanship of Professor Ricardo JORGE, member of the Health Committee and Director-General of Public Health Services, Lisbon.

The following attended :

Members :

Dr. N. M. Josephus JITTA, member of the Health Committee, President of the Health Council of the Netherlands, The Hague ;
Dr. Th. MADSEN, President of the Health Committee, Director of the State Serum Institute, Copenhagen.

Corresponding members and experts :

Dr. F. R. BLAXALL, Government Lymph Establishment, London ;
Prof. GILDEMEISTER, Reichsgesundheitsamt, Berlin ;
Prof. Dr. H. A. GINS, Robert Koch Institute, Berlin.
Prof. H. Mervyn GORDON, St. Bartholomew's Hospital and College, London ;
Prof. GROTH, Landesimpfanstalt, Munich ;
Dr. GUÉRIN, Director of the Pasteur Institute, Lille ;
Prof. E. PASCHEN, Staatliche Impfanstalt, Hamburg ;
Prof. G. SOBERNHEIM, Director of the Health Institute of the University, Berne.

Prof. ALDERSHOFF, of Utrecht, was also present.

1.

The Commission was greeted by Prof. TAUTE, of the Federal Ministry of the Interior, on behalf of the Federal Government.

Prof. KROHNE, Director of the Prussian Ministry of Social Welfare, welcomed the Commission on behalf of the Prussian Government.

Prof. NEUFELD, President of the Robert Koch Institute, extended to the Commission the welcome of the Institute.

Prof. MADSEN, President of the Health Committee, in thanking the speakers, emphasised the importance of this first meeting in Berlin of a technical Commission of the League's Health Organisation, which from its inception had been anxious to establish close technical collaboration with its German colleagues.

## II.

The CHAIRMAN, Professor Ricardo JORGE, referred briefly to the origin of the investigations undertaken by the experts, at the invitation of the Commission, with the object of a comparative study of the four methods for the titration of vaccine lymph (Calmette-Guérin, Gins, Groth, Sobernheim). (The list of reports presented to the Commission will be found in Appendix I.)

The study of the reports having shown the prospect of reaching definite results, the Chairman asked his colleagues whether the discussion of the following four questions as a basis would not hasten their work :

1. Each of the methods used (Calmette-Guérin, Gins, Groth, Sobernheim) will yield comparable results, provided that the technique (especially with regard to trituration, filtration and dilutions used) be exactly established.
2. It will be possible to use the four methods of testing the virulence of vaccine lymph on animals, providing the experts agree that the potency of vaccine lymph for animals and children is parallel.
3. Discussion and experimentation will be necessary with regard to the standard to be used. (The possibility of using a dried lymph might be discussed.)
4. The question of the minimum and maximum degree of potency for vaccination of children should be discussed.

## III.

The Commission adopted this basis for the discussion, and all the members took part in the debates of the Commission, which met four times on January 13th and 14th, 1927.

The discussions resulted in the unanimous adoption of the following resolutions, which were drafted by a Sub-Committee composed of Dr. Blaxall, Prof. Gins and Dr. Guérin :

*Resolutions.*

The Commission considers :

(1) That it is highly desirable that the use of vaccine lymph should be surrounded with guarantees as to quality which may be required of all biological products ;

(2) That the practice of making dilutions of vaccine lymph has, up to the present, been the only method available for the titration of vaccine lymph ;

(3) That, in order to render the four methods comparable, a common basis should be found with regard to the results obtained by any of the four methods (Calmette-Guérin, Gins, Groth, Sobernheim) ;

Is of the opinion :

1. That, if the lymph is brought to a fine state of division, filtration will be unnecessary.
2. That the vaccine lymph may be considered as potent if, at the time when ready for use and applied experimentally to a rabbit and guinea-pig, in a dilution of 1/1000 with physiological saline without filtration, it will produce the following results :

*Method of Calmette-Guérin.*—One cubic centimetre of vaccine lymph diluted to 1/1000, when distributed over the entire prepared area of the rabbit's skin immediately after it has been shaved, washed and dried, should produce an eruption of isolated vesicles numbering from three to four per square centimeter of the field inoculated. The results should be recorded on the fourth day after inoculation.

*Method of Gins.*—Seventy-two hours after the guinea-pig's cornea is scarified and infected with a 1/1000 dilution of the vaccine lymph, a marked opacity of the entire cornea (*keratitis vaccinica*) should be apparent to the naked eye.

*Method of Groth.*—Seventy-two hours after intradermal injection into the depilated skin of the back of the rabbit, 0.1 c.c. of vaccine lymph diluted 1 1000 should produce an area of local infiltration and redness which can be clearly seen and recognised by palpation.

*Sobernheim's Method.*—The injection of the vaccine lymph, diluted to 1 1000, according to the method described above, into the skin of the rabbit, should, once the traumatism has passed away, begin to produce a specific reaction after three days. This reaction

shows itself at first as redness and a papilliform infiltration at isolated points along the lines of incision. Papules (of the size of a pea) and in some cases pustules are also formed. Sometimes papules and pustules also appear between the lines of incision. The specific eruption shows crusts and scabs. If the vaccine lymph is more virulent, a papular infiltration spreads slightly along the line of incision instead of circumscribed papules.

3. The experience of many years' standing of those vaccine-producing institutes which also undertake public vaccination has shown that the results of tests of the lymph carried out on children agree in the main with those of similar tests carried out on animals.

4. The Commission is glad to learn that Prof. Paschen would be disposed to prepare a dry vaccine lymph with two-day vaccine and to distribute this to the several institutes participating in the investigations of the Commission, with a view to investigating the possibility of using this as a standard.

IV.

The Chairman of the Commission, Professor Ricardo Jorge, and the President of the Health Committee, Dr. Th. Madsen, have expressed the hope that the experts of the Commission will communicate to their colleagues the results of their personal experimental researches into the ætiology of smallpox, and, in particular, into the nature of the alastrim virus when, in their opinion, the results of any such personal researches may be of interest to the Commission.

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C.H. 533.

## Appendix I.

### LIST OF DOCUMENTS PREPARED FOR THE SMALLPOX AND VACCINATION COMMISSION.

| | | |
|---|---|---|
| CH/Var./1 | Titration of Vaccine Lymph. Control of the Specific Value of Vaccine Lymphs (Description of the Method of Calmette-Guérin, Groth, Gins and Sobernheim). | French and English. |
| CH/Var./2 | Report on Various Animal Tests designed to estimate the Potency of Vaccine Lymph, by F. R. Blaxall. | English.<br>French. |
| CH/Var./3 | Results of the Researches of Vaccine Lymph, by Professor Sobernheim. | German.<br>French. |
| CH/Var./4 | Titration of Vaccine Lymphs : Results of the Researches of Professors Gins. | German.<br>French. |
| CH/Var./5 | Report on Comparative Titrations of Lymph Vaccines by Various Methods, by Professor C. Guérin, Director of the Pasteur Institute, Lille. | French. |
| CH/Var./6 | Methods of Assaying the Potency of Calf Lymph, by H. H. Gordon. | English.<br>French. |
| CH/Var./7 | Replies to the Questionnaire on the Preparation of Vaccine Lymphs and on the Frequency of Post-Vaccinal Encephalitis. | French and English. |
| CH/Var./8 | The Production of Vaccine Lymph in the State Lymph Institute, Berlin : Reply to the Questionnaire. | French. |
| CH/Var./9 | General Remarks on the Reports presented by the Experts, with Respect to Tests of Standardisation, by Professor Sobernheim, Berne. | French. |
| CH/Var./10 | Description of the Results obtained by Different Methods of Titrating Vaccine Lymphs, by Professor Gins. | French. |
| CH/Var./11 | Note concerning Vaccine Lymph, by Dr. H. H. Gordon. | English.<br>French. |
| CH/Var./12 | Titration of Vaccine Lymph, by Dr. Levaditi, of the Pasteur Institute, Paris. | French. |
| CH/Var./13 | On the Production of Vaccine Lymphs in Switzerland : Replies to the Questionnaire, by Professor Sobernheim | French. |
| CH/Var./14 (CH 453-1) | Note on the Smallpox and Vaccination Conference held at The Hague, revised by Professor Ricardo Jorge. | French. |
| CH/Var./15 | Note on the Reports on the Titration of Calf Lymph submitted by the Experts, by Professor Guérin. | French.<br>English. |
| CH/Var./16 | Observations on the Reports of Various Animal Tests designed to estimate the Potency of Vaccine Lymph, by F. R. Blaxall, M.D. | English.<br>French. |
| CH/Var./17 | Note on the Standardisation of Vaccine Lymphs, presented to the Health Committee (October 1926) by Professor Ricardo Jorge. | French. |

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## Appendix II.

## DESCRIPTION OF THE METHODS EMPLOYED IN THE TITRATION OF VACCINE LYMPHS.

### I. Calmette-Guérin Method for the Estimation of the Value of Vaccine Lymphs by Counting the Virulent Elements.

*Principle of the Method.*—If, in the manner already indicated, we inoculate the dorsal surface of a rabbit with a given quantity of vaccine pulp of good quality, we obtain a confluent eruption of vesicles affecting the entire inoculated surface.

If we inoculate the dorsal surface of rabbits of equal weight with increasingly diluted solutions of the same quantity of glycerinated pulp, we obtain a crop of vesicles—varying in abundance in proportion to the strength of the solution—which can easily be counted.

*Application of the Method : Selection of Test Rabbits.*—It is important that rabbits selected for test purposes should weigh, on an average, 2 kilogrammes, and should be in excellent condition ; some degree of fatness is desirable.

The skin, particularly on the back, should be entirely without yellow or black pigent, and should be free from *nœvi*. These points can readily be ascertained by a laboratory assistant of any experience by blowing lightly on the fur of the back. His breath parts the fur and he can easily see whether the skin is undamaged. As a general rule, the best subjects for operation are rabbits which have a uniform dark grey or black fur.

*Extent of the Area of Inoculation.*—The rabbit is tied down on his belly on a stretcher, and the whole of his back is shaved, care being taken not to damage him with the razor. The area of inoculation takes the shape of a trapezium. The rear base is the longer, corresponding to the anterior line of the ilia, while the forward base is the line of the posterior angles of the scapula.

*Keeping of Test Rabbits.*—Rabbits which have been so inoculated are isolated in metal cages which have previously been disinfected. The straw bed is changed daily.

The food given consists of bread and beetroot or carrots, in small quantities, with a little dry hay.

The room should be kept at a temperature of from 16 to 18 degrees Centigrade.

*Development of Eruptive Lesions.*—Forty-eight hours after inoculation, if the solution is not too weak, the vesicles should appear, and will assume the form already described. If the solution is weak, the vesicles will be clearly marked at about the end of the third day.

In every case development is complete on the fifth day, and the potency of the vaccine sample is then estimated.

After this test, the rabbits have lost none of their commercial value, and can, like lymph-producing calves, be eaten without risk.

*Procedure for Comparative Experiments.*—Complete vesicles of vaccinia are collected from calves when they appear to fulfil all the necessary conditions. The fact that these conditions are fulfilled is verified by the various tests in use (inoculation into the calf, the rabbit, and the child). These vesicles are kept for ten days, at a low temperature, in their own weight of sterilised glycerine ; they are then ground up and their own weight of glycerine is again added.

The total proportion of glycerine is thus two parts to one part of vaccine pulp.

With a sample of this kind, the following solutions in sterilised distilled water are prepared :

1 gramme of glycerinated vaccine pulp plus 10 c.c. of water : 1/10th solution ;
1 c.c. of this 1/10th solution plus 4 c.c. of water : 1/50th solution ;
1 c.c. of this 1/10th solution plus 9 c.c. of water : 1/100th solution ;
1 c.c. of this 1/100th solution plus 4 c.c. of water : 1/500th solution ;
1 c.c. of this 1/100th solution plus 9 c.c. of water : 1/1000th solution.

As soon as the area on the rabbit has been shaved, it is inoculated with 1 c.c. of each of these solutions, after they have been passed through a piece of very fine silk. This is done with a graduated pipette with a capacity of 1 c.c.

*Estimation of Results.*—If the vaccine sample is of excellent quality, an eruption produced by the 1/500th solution is still completely confluent.

The eruption produced by the 1/1000th solution consists of isolated pustules to the number of three or four per square centimeter of skin inoculated.

Weaker solutions produce so few vesicles that they afford no very definite indications.

*Measure of the Virulence of Vaccine Samples.*—Every vaccine sample a given solution of which produces on the inoculated area of a rabbit a group of isolated pustules to the number of three or four per square centimeter has a specific virulence which is represented by the number corresponding to the strength of the solution.

The numbers expressing this value range from 0 to 20. The terms 0, 5, 10, 15, 20, represent the five solutions we have used in our experiments. Vaccine samples whose value is less than 10, *i.e.*, a 1/100th solution of which does not produce in the rabbit an eruption of three or four vesicles per square centimeter, are *poor*-quality vaccine. Vaccines falling below 5 should be rejected.

*Practical Use of the Test Method.*—In order to estimate the specific potency of vaccine it is not necessary to carry out the complete series of tests the results of which we have explained above. It is sufficient to observe the action of a vaccine sample in 1/100th, 1/500th and 1/1000th solutions.

For this purpose, 0.1 gramme of the vaccine to be tested is diluted with 10 c.c. of sterilised distilled water.

The 1/500th and 1/1000th solutions are made from this 1/100th solution.

We would repeat that the results are estimated on the fifth day after inoculation.

The numerical reckoning of the specific potency of the sample is made on the basis of this estimate.

## II. Gin's Method for the Quantitative Estimation of the Virulence of Vaccine Lymph.

*Animals used for the Test.*—Guinea-pigs of at least 300-grammes weight with a pigmented iris are used. Albinos are less fit for the test.

*Preparation of the Glycerinated Lymph.*—The lymph to be tested is diluted and filtered in the manner described for Groth's test. Dilutions of 1/100 to 1/1000 and in certain circumstances 1/2000 (of lymph as prepared for use) are employed.

*The Test.*—Into each eye of the guinea-pig to be used one drop of a 2-per-cent solution of cocaine is dropped. Five minutes later the cornea is completely anæsthetic. Several parallel scratches are then made on each cornea with a very fine-pointed teasing needle. To facilitate this, the eyeball should be firmly fixed. If the operator cannot fix the eyeball himself with the tips of the forefinger, it may be fixed by an assistant with the aid of slight pressure applied with dissecting forceps. Not much force is required for the scarification, but a " crunching " noise must be heard. Only then is it certain that the surface of the cornea has actually been damaged and not merely stroked by the needle. After the cornea has been scarified in this manner, a dilution of the lymph is applied and rubbed into the scarification by means of a fine metallic spatula.

The specific reaction begins forty-eight hours later. The vaccinated corneas are then uneven and slightly dull. Twenty-four hours later, the reaction is so distinct that the result of the test may be ascertained.

If lymphs of high potency have been employed, the eye on which a dilution of 1/100 has been inoculated is intensely inflamed. The cornea is markedly dimmed so that the iris is scarcely visible. The dilution of 1/1000 produces a less distinct but still marked opacity, involving either the whole or part of the cornea. During the two next days, the reaction increases, and a porcelain-like opacity of the cornea to which the dilution of 1/100 has been applied may result. Experience of several years has shown that lymphs giving no reaction at all in a dilution of 1/1000 are insufficiently virulent. Lymphs which do not produce a marked opacity in a dilution of 1/100 are not fit for human vaccination. Our index for estimating the intensity of keratitis is as follows :

| | |
|---|---|
| No opacity to be ascertained by naked eye within three days .. .. | — |
| Weak or no general opacity to be ascertained by naked eye .. .. | + |
| General opacity, making the iris invisible within three days .. | ++ |
| Complete porcelain-like opacity within three days .. .. .. .. | +++ |

Lymphs which produce a distinct and general opacity of the cornea in a dilution of 1/2000 or more within three days are to be regarded as too virulent and should not be issued for use undiluted.

## III. Groth's Method for the Quantitative Estimation of Potency of Vaccine Lymph.

*Animals used in the Experiment.*—Only albino rabbits of pure breed, eight months old at least, should be used.

*Preparation of the Animals.*—The hair on the back and on both sides is cut with scissors or with hair-clippers. Lesions of the skin should be avoided. Depilation is completed by the use of calcium hydro-sulphide, which is applied in a thick layer and kept on the skin for about five minutes. If depilation is not then complete, the depilatory may be kept on longer. If the application is too long continued, necrotic inflammation of the skin may result. The depilatory is carefully washed off with water, the skin is dried and the denuded area lightly anointed with

vaseline. The animals are kept eight or ten days till all signs of inflammation have disappeared. If this procedure is successfully carried out, the rabbit will not begin to grow hair before the end of the third week, so there is ample time for the experiment.

*Preparation of the Vaccine to be tested.*—0.4 c.c. of the glycerinated lymph to be tested is diluted with 3.6 c.c. of normal saline, and the resulting 1 in 10 dilution filtered through paper to remove coarse tissue shreds.

" *Rapid-Crepp-Filtrierpapier* No. 86, by Max Dreverhoff ", has been found to be the most satisfactory, possessing a convenient degree of permeability.

This filtered solution is used to make further dilutions of 1 in 100, 1,000 and up to 1 in 100,000. It is expedient to express all dilutions in terms of vaccine pulp. If, for example, the lymph has been prepared by adding 1 part of pulp to 1 part of saline solution and three parts of glycerine, it has already been diluted 1/5. The dilutions prepared as described above from the filtrate correspond, therefore, to dilutions of 1/50 and so on.

*The Test.*—On the depilated area of skin, intracutaneous injections of the dilutions from 1 in 10 to 1 in 100,000 are performed at a distance of at least 2 centimeters one from the other. A fine platinum-iridium cannula is used and 0.1 c.c. of each dilution injected. A vesicle appearing at the place of the injection shows whether or not the injection has been successfully performed. The specific reaction generally begins to be evident, with the dilution of 1/10, as early as twenty-four hours after the injection by the appearance of a red infiltrated raised area ; this increases rapidly in size and reaches its height in from three to four days. At this time the marked specific reaction shows an intensive red-coloured, distinctly defined, slightly elevated infiltration, with frequently a necrotic centre. The local reaction is less intense with increased dilutions. If a potent lymph is being examined, the dilution of 1/10000 generally gives rise to a small reddened infiltrated area. Groth's experience shows that lymphs which do not give a marked positive reaction in a dilution of 1/1000 (of the lymph prepared for distribution), that is to say, lymphs which produce no infiltration, redness, and commencing necrosis after three to four days, when injected in this dilution, are insufficiently potent for human vaccination.

When judging the results of such a test, consideration should be given to the size of the reddened area, the intensity of the infiltration and of the colour. In general, dilutions of 1/10000 and 1/100000 do not give any useful indications, owing to considerable individual differences among the animals used for the experiments.

On each flank of each animal, four injections may be made.

## IV. Sobernheim's Method for the Quantitative Estimation of the Potency of Vaccine Lymph.

*Choice and Preparation of the Animals.*—Rabbits of a white or black-and-white breed should be selected. Dark-coloured animals with a markedly pigmented skin should be used only if no others are available. Weight about 2,000 grammes.

The hair is cut with scissors in four different places, two on each side of the back of the animal. These bare areas should each measure about 4 by 5 centimeters and be separated from each other by strips of unshaved skin. The depilation is completed by a depilatory. (Poudre magique du Révérend Père Jérôme, Agence suisse de commerce interne, S. A., Genève (Suisse), is the preparation used by the author.)

A sufficient quantity of the powder is rubbed up in a dish with a small quantity of water, using a wood spatula. The resulting paste is applied to the area to be depilated (preferably " against the hair ") and carefully washed off with lukewarm water two to three minutes later. Then the skin is dabbed and anointed with vaseline. The animals are not vaccinated till the next day.

*Preparation of the Lymph.*—3 c.c. of the glycerinated lymph to be tested are carefully ground in a mortar for one hour (without any further diluent) : 0.5 c.c. of the homogeneous pulp are then mixed with 19.5 c.c. normal salt solution. Thus a dilution of 1 in 40 results. This dilution is used to make further dilutions of 1 in 1,000, 1 in 2,000, 1 in 5,000 and 1 in 10,000. Each dilution should be thoroughly shaken and a new pipette used for each dilution.

*The Test :* (a) *Inoculation of the Skin.*—The animals should be tied to animal stretchers. The areas which have been denuded of hair the day before are cleansed with a sterile compress of cotton-wool moistened with sterile saline solution and dried by dabbing with a dry sterile pledget of cotton-wool. Three parallel longitudinal incisions are made on each of the denuded areas with a fine lancet. The incisions should be 4 centimeters long and at a distance of 1 centimeter one from the other ; they should not bleed. The skin is stretched by the assistant so that the incisions gape, and 0.3 c.c. of each dilution is dropped on each area. Each drop is rubbed with the base of a test-tube before the next drop is applied. The animal should be kept on the stretcher till the inoculated places have dried.

(b) *Inoculation of the Cornea.*—A second test is performed on the corneas of the animal which has been inoculated cutaneously. To one cornea a dilution of 1 in 5,000 and to the other a dilution of 1 in 10,000 are applied. Both eyes are anæsthetised with cocaine (2 per cent).

The scarifications are made crosswise, six longitudinal and six transverse, with the sharp point of a syringe needle. On each cornea 0.2 c.c. of the appropriate dilution is dropped. Each drop is rubbed into the cornea with the eyelids.

The animals are, in certain circumstances, kept under observation from eight to ten days.

This method has shown that the lymphs used in Switzerland give a positive reaction in dilutions up to 1 in 5,000 or 1 in 10,000. These dilutions have been expressed in terms of glycerinated lymph. If the dilutions be expressed in terms of vaccine pulp, they would correspond to dilutions of 1 in 20,000 and 1 in 40,000. Generally the reactions of the skin and on the cornea are parallel. In the highest dilutions, however, sometimes the skin reaction is more marked than the cornea reaction and *vice versa*. By using two tests, one on the cornea, the other on the skin, it is possible to check the results obtained. It is an advantage also that both tests may be performed on one and the same animal.

* * *

Experience has shown that centrifuging, sedimentation and filtration have all a marked influence on the potency of the lymph and its dilutions. Filtrations through paper may indeed reduce the virulence 75 per cent. This point is worthy of careful consideration in connection with the methods of lymph filtration employed by Calmette-Guérin, Gins, and Groth, all of whom filter the lymph before use.

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C.H. 534.
[C.H./P.E./31.]

## ANNEX 129.

## CONFERENCE OF HEALTH EXPERTS ON INFANT WELFARE.

*Report on the Work of the Second Session, held in Paris, January 17th to 20th, 1927.*

Geneva, January 1927.

In pursuance of the resolutions of the first session of the Conference of Health Experts on Infant Welfare, adopted by the Health Committee of the League of Nations on October 18th, 1926, the second session of the Conference was held in Paris, in January 1927, to consider the results of the preliminary enquiries made with a view to investigating infant mortality in various countries.

### I.

The Conference considered the recommendations of the members from different countries with regard to the urban and rural districts which had been provisionally selected for the purposes of the enquiry, and decided that, in the choice of these districts, care should be taken to ensure that districts of the same kind—that is, urban or rural districts—should be comparable one with another in respect to population and birth rates, both within the individual countries and as between the different countries ; and the enquiry should be conducted as far as possible along uniform lines.

The Conference was of the opinion, however, that, in the final selection of the districts, due consideration should be given to the available facilities for investigation.

### II.

The Conference emphasised that the main purpose of the enquiry was to secure exact information in regard to the causes of infant deaths and should relate particularly to medical and public health questions. The direction of the clinical side of the enquiry should as far as possible be entrusted to specialists in children's diseases and, in order to secure all the information necessary to arrive at correct conclusions, information should be obtained from general practitioners, hospitals, public health nurses, midwives and other appropriate sources. Moreover in as many cases as possible, the exact diagnosis should be confirmed by autopsy.

### III.

It was agreed that a general description of each district of enquiry should be furnished, which would include, among other items, information regarding natural, meteorological and demographic conditions.

### IV.

In accordance with the resolutions adopted at its September 1926 session, the Conference decided that a uniform enquiry card should be used in all the countries concerned to obtain the necessary medical, social and public health data (see Appendix II).

V.

The Conference was of opinion that an enquiry including not only infant deaths but all births—which would permit the danger index for the different groups of live-born infants to be computed—would be of a great interest and value, although the organisation and facilities would require considerable preparation ; the Conference therefore decided to explore the possibilities of such an enquiry in different countries.

VI.

The Conference was unanimously of the opinion that dead births should be included in the enquiry and that the definition of " dead birth " should be that recommended by the Health Committee to Governments for adoption.

VII.

The Conference decided that the nomenclature for the common illnesses of infancy to be employed should be uniform, and entrusted to its clinical members the task of drawing up such a list (see Appendix IV).

Resolutions.

The Conference :

1. Recommends that the districts provisionally selected for the enquiries into infant mortality in Austria, England, France, Germany, Holland and Norway should be approved, subject to alterations suggested during the Conference with a view to ensuring the comparability of the results (see Appendix V).

2. Considers that the main purpose of the enquiry is to secure exact information in regard to the causes of infant deaths and that the success of the enquiries depends in large measure on the qualifications of the investigators. It therefore recommends that the direction of the clinical aspect of the enquiry should as far as possible be entrusted to a specialist in children's diseases.

3. In view of the influence of environmental factors on the incidence of infant mortality, suggests that, in the general description to be furnished of each district of enquiry, account should be taken of these factors.

4. Recommends that a uniform enquiry card should be used in all the countries concerned to obtain the necessary medical, social and public health data.

5. Appreciates the interest and value of an enquiry which would include all births, and, recognising the inherent difficulties in the organisation of such an enquiry, suggests that the possibilities of such an enquiry in different countries should be explored.

6. Recommends that dead births, as defined by the Health Committee, should be included in the enquiry.

7. Considers that the nomenclature of causes of death to be employed should be uniform.

Dame Janet Campbell (Great Britain).
Dr. Taliaferro Clark (United States of America).
Professor A. Collett (Norway).
Professor R. Debre (France).
Professor E. Gorter (Netherlands).
Professor E. Nobel (Austria).
Professor F. Rott (Germany).

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## Appendix I.

### EXPLANATORY NOTE FOR THE INVESTIGATORS.

The object of this enquiry is to determine the causes of death among infants under one year in a given district. The investigator should seek to ascertain the exact diagnosis of the last illness and the social and public health factors which may have played a part in the infant's death. All infant deaths during the period of twelve months beginning early in 1927 should be included.

A. Each infant whose parents were living in the district at the date of its birth and until its death and, in addition, all foundlings, are to be included in the enquiry.

B. All dead-born infants are to be included in the statistical compilations, *i.e.* :

*(a)* All infants which did not live (breathe) after birth ;
*(b)* All infants which lived several hours or days after birth and which are treated as dead-born in the official statistics because they were dead when birth was recorded.

In the present enquiry, infants belonging to category *(b)* are included in the class of live infants.

Cases of abortion are to be excluded from the enquiry.

It will not be easy to determine the exact cause of death in a certain number of cases because the diagnosis will have to be reconstructed from the history. In all doubtful cases the investigator should interview the physician who treated the infant in order to obtain all necessary information concerning the epidemiological history of the infant and of its family. The investigator should not be satisfied with a diagnosis which merely refers to a symptom, such as convulsions, debility, anæmia, etc., but should seek in addition to determine if the illness causing the infant's death was an all-important factor in its morbid history. An infant frequently dies of a pulmonary infection after having suffered for a long time from digestive troubles, or convulsions may be merely the last stage of an illness whose exact character should be discovered.

In the attached Nomenclature, the most common causes of death are given for infants between the date of birth and one year of age. It should be noted that the term "convulsions", which is found in official lists, does not figure in this Nomenclature, and the investigator should seek to trace the disease which was the cause of this symptom. He must first discover whether the convulsions were due to an obstetrical traumatism, to meningitis, to spasmophilia, or to yet another cause. The vague term "congenital debility" is also excluded from the Nomenclature. It is particularly important to know whether or not the infant was born before term. Even in the case of premature births, a cause other than prematurity is generally necessary to cause death and the investigator should try to ascertain the actual cause. Was the infant the victim of rhinopharyngeal bronchitis, due to contact with someone in its environment ? Did it show signs of injury to the head or did it lack necessary care (proper feeding, warmth) ?

The condition of premature birth with debility has, however, been retained as a cause of death. This is to include infants born before term weighing 2 kilogrammes or more, with sub-normal temperature, being difficult to keep warm and extremely difficult to nourish.

The most probable diagnosis should be entered, after consideration of the clinical history, in cases in which it is impossible to definitely determine the exact cause of death.

The investigator may find the family history as regards epidemicity and contagion useful in establishing his diagnosis. A very young infant frequently reacts rapidly and abnormally to infection by highly specific agents. At this age, diphtheria frequently develops without false membrane ; measles without eruption ; whooping-cough without characteristic paroxysms ; and influenza shows a malignant and rapid development.

The existence of such diseases in the family raises an important presumption as to the disease which caused the infant's death, although without characteristic manifestations. The question of contagion also plays an important part in the case of tuberculosis. It is true that the infant is not born tuberculous, but it becomes so by living in contact with tuberculous parents or grandparents. In such a case, it becomes necessary even to suspect strangers frequenting the house and to realise that a brief contact may result in fatal tuberculosis in an infant.

On the other hand, it is a well-known fact that an infant at birth is protected by antibodies inherited from its mother. This temporary immunity, relating only to those diseases which the mother herself has had, disappears at the age of three to four months.

Congenital syphilis plays an important part in infant mortality as well as in dead births. It is necessary to make a distinction between the cases in which congenital syphilis is evident and cases in which this diagnosis is probable. In the latter instance, it would be useful to set forth the reasons which have prompted this diagnosis.

In so far as digestive troubles, which play so important a part in the pathology of infancy, are concerned, the necessity of dividing these into two main classes must be emphasised. On the one hand, there are the digestive disturbances appearing in the course of another morbid state which should be sought for and demonstrated ; on the other hand, there are the digestive disturbances which result from errors in infant feeding. Finally, there are certain primary digestive disturbances which do not appear to be associated with errors in feeding ; these cases may be considered as due to an acute infection of the digestive tract. It appears important to classify all digestive disturbances accurately under one of these three categories.

Prolonged digestive disturbances lead to a serious lowering of the infant's nutrition and may produce symptoms classified as hypertrophia and athrepsia. The latter is seldom seen after the fifth month of life and is characterised by a progressive loss of weight and disappearance of fat, together with a drying-up of the infant which results in a very characteristic general appearance and facies.

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Besides the medical data which above all should engage the attention of the investigator, he should not neglect the public health and social factors which throw a light on infant mortality.

In this connection, it is important for the investigator to distinguish between the different factors, as the following example will show :

> An infant dies from digestive disturbances in the home of the wet-nurse where it was sent by its mother, a working woman in a neighbouring village. The infant's death has, therefore, a pathological cause—namely, digestive disturbances ; a hygienic cause—improper care by the wet-nurse ; a social cause—the situation of the mother.

In order that the investigation may be of value, these different causes must be demonstrated.

The attached questionnaire gives a series of particulars intended to enable the investigator to define exactly the causes which, from all these points of view, may have contributed to the death of the infant. For the purposes of this type of hygienic and social diagnosis, the investigator should give his impression of the circumstances as a whole and his personal conclusions, as in the case of the medical diagnosis.

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## Appendix II.

### QUESTIONNAIRE.

Name of child .....

Address of parents .....

Date of birth .....

Date of death .....

Sex .....

Religion (optional)

I. General Information.

1. District, exact address of family.
2. Living conditions of family :
   - *(a)* Rent (tenant or sub-tenant).
   - *(b)* Accommodation (including bedrooms and beds).
   - *(c)* Have parents occupied dwelling since birth of child or, if not, since when?
   - *(d)* Number of occupants of dwelling :
     - (i) Over 15 years.
     - (ii) Under 15 years.
   - *(e)* Health conditions of dwelling :
     - (i) W.C. (sole use or shared).
     - (ii) Cleanliness.
     - (iii) Sunlight and outlook.

II. Child's Family.

1. Morbid history of family during lifetime of infant.
2. Family circumstances : comfortable, moderate, indigent.
3. Insurance : if father or mother insured, do medical benefits extend to the child and, if so, how ? Does the family benefit from family allowances ? if so, specify.
4. Father :
   - *(a)* Age.
   - *(b)* Health.
   - *(c)* Nature of occupation (employer or employee ; regularity ; unemployment).
   - *(d)* Does he live with child's mother? if not, cause of separation (illegitimate child, death, hospital, divorce, separation, journey, military service).
5. Mother : dead or living.
   - *(a)* Date and cause of her death.
   - *(b)* Age.
   - *(c)* State of health.
   - *(d)* Town or country bred.
   - *(e)* Occupation :
     - (i) Before marriage, at home or outside.
     - (ii) After marriage.
     - (iii) Work during last pregnancy.

(*f*) Previous pregnancies :

| Pregnancy. | Miscarriage. Still-birth. Living. | Healthy or ailing. | If dead, cause and age. |
|---|---|---|---|
| 1st | | | |
| 2nd | | | |
| 3rd | | | |
| 4th | | | |
| 5th | | | |
| 6th | | | |
| 7th | | | |
| 8th | | | |
| 9th | | | |
| 10th | | | |

How many surviving children has the mother to look after ?

III. The Birth.

1. Prenatal supervision (doctor, midwife, institution).
2. Birth :
   - (*a*) Place of birth : at home : elsewhere (maternity, midwife, hospital, etc.).
   - (*b*) Attendance : doctor, midwife, unqualified person.
   - (*c*) Character of labour (presentation, duration, obstetric complications, operative treatment, etc.).
   - (*d*) Lying-in period (normal, febrile, special nursing or medical treatment).

IV. The Infant.

1. Child at birth : (twin).
   - (*a*) Still-born : fœtal age.
   - (*b*) Live birth, whether premature.
   - (*c*) General condition (normal, weakly, any congenital defects).
   - (*d*) Weight at birth.
2. Civil status :
   - (*a*) Born in wedlock.
   - (*b*) Born out of wedlock.
   - (*c*) Recognised as legitimate.
3. Method of upbringing :
   - (*a*) In family : if elsewhere, with whom ? why ? where ? and since when ?
   - (*b*) Quality of general management of infant.
   - (*c*) Efficiency of mother.
   - (*d*) Medical supervision (attendance at infant welfare centre, private practitioner, etc.).
4. Feeding :
   - (*a*) Breast only (period).
   - (*b*) Breast and artificial (period).
   - (*c*) Artificial only (period) and reason why.
   - (*d*) Nature of artificial feeding (suitability in quantity and quality) :

     Was water used for dilutions pure or otherwise ?
     Was it boiled ?
     Was milk used pure or otherwise ?
     Was it boiled ?
5. Medical and pathological history :
   - (*a*) Dentition, general nutrition (weight curve).
   - (*b*) Was development in accordance with age ?
   - (*c*) Illnesses : special treatment (by private practitioner, hospital, clinic).

6. Death :

*(a)* Where did death take place ?
*(b)* Cause of death indicated on death certificate :

(i) Principal cause.
(ii) Contributory causes.

*(c)* By whom was death certified (physician or other person)?
*(d)* Complete clinical history and exact diagnosis of illness which caused death.
*(e)* Autopsy findings.
*(f)* Personal observations of the investigator.

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## Appendix III.

### EXPLANATORY NOTE ON THE QUESTIONNAIRE.

I, 2 *(b)* : Describe the dimensions and situation of the house, the number of rooms and the direction in which they face ; the number of bedrooms and of beds.
Indicate where the infant sleeps and if alone.

I, 2 *(e)* : Indicate whether the infant is able to benefit from sunlight ; whether or not the windows are opened ; if the infant is taken out of doors.
Finally, the investigator should give his personal impressions in regard to the general sanitary conditions of the building.

II : *Family.* — It is important to know if the infant is in immediate danger of contagion by contact with an acute disease (whooping-cough, measles or influenza) or a chronic disease (tuberculosis).

II, 4 *(e)* : Information is desired upon the state of health of the father and if it is such as to prevent him from providing properly for his family. Does his illness constitute a danger to those in his immediate environment ?

II, 5 *(a)* : How long did the mother live in the country ?—since country-bred women may escape such contagious diseases as measles, and in these cases their infants are not immune.

II, 5 *(c)* : It is important to learn whether the mother worked for her living at home before confinement and, in particular, if her occupation prevented her from feeding her infant (breast).
It should be determined whether the woman was overworked during pregnancy.

III, 2 *(e)* : *Definition of Dead Birth.*—Extract from document C.L.66, Annex :

" The word ' birth ' means the separation and extrusion of a fœtus from the body of the parturient woman. The birth is to be deemed complete at the instant when the whole of the body of the fœtus—head, trunk and limbs—is outside the body of the mother.

" The birth is to be deemed a live birth if, after birth (as defined above), the infant breathes.

" The act of respiration is incontrovertible evidence of life, and its continued absence is to be taken as proof of fœtal death.

" It is desirable, for statistical purposes, that a distinction should be made between the birth of a fœtus which can normally be expected to be capable of an existence independent of its mother and the expulsion of one which cannot—births in the latter category being regarded as miscarriages (abortions).

" A fœtus capable of an independent existence is a ' viable fœtus ' and is the product of a gestation which has lasted at least twenty-eight weeks. Such a fœtus will normally measure at least 35 centimeters from the crown of the head to the sole of the heel, the body being fully extended. The Committee is of opinion that the latter criterion is the more trustworthy.

" *Hence a ' dead birth ' is the birth of a fœtus, after twenty-eight weeks' pregnancy, in which pulmonary respiration does not occur; such a fœtus may die either :* (a) *before;* (b) *during ; or* (c) *after birth, but before it has breathed.* "

IV, 3 *(a)* : Was the infant reared : In its family ? / With relations ? / By a wet-nurse ? \ In a crèche ? \ temporarily or permanently ?

IV, 3 *(b)* : Good, moderate, bad.

IV, 3 *(c)* : What is required is the impression of the investigator in regard to the moral and intellectual standard of the mother or of the nurse.
It will suffice to give a general idea of the care given to the infant.

IV, 3 *(d)* : How long was the infant under supervision ?
By whom ?
Age of the infant at its first visit to infant welfare station or when first seen by doctor.

IV, 4 : *Method of Feeding.*—It is essential that information on the method of feeding should be as complete as possible. Mention should be made of the following points :

1. Was the infant breast-fed by its mother or by a wet-nurse ?

2. How long did breast-feeding continue ?

3. When was the infant put on mixed feeding and what artificial food was given to it in addition to breast milk ?

4. Why was the infant prematurely weaned ?

5. What artificial food was used ?
Indicate whether the infant was given cow's milk, goat's milk, pure or diluted, sterilised or not, or if foods unsuited to its age were given (such as alcohol, cake).
Indicate the quantity of milk given to the infant.

6. Give the investigator's impression in regard to the method of feeding, as follows :
Good.
Indifferent.
Bad.

IV, 5 : *Health of the Infant.*—It should be stated whether the infant was well developed or if the condition of its health left something to be desired before the last illness began, and, above all, the diseases from which it suffered. Describe these in sufficient detail to permit the reconstruction of a diagnosis. It is important to give details of the duration and gravity of these diseases as well as of their effect on the nutrition of the infant.

IV, 6 *(a)* and *(b)* : A detailed description is required of the illness which was more or less directly responsible for the infant's death. The symptoms should be detailed as well as the evidence given by those in contact with the infant regarding the development and progress of the disease. Mention the immediate cause of death as well as the illness which led up to it.
These details are required in order to permit of comparison between the diagnosis arrived at by the different medical investigators.

IV, 6 *(f)* : It would be of value to learn the opinion of the investigator on such pointsas the accuracy of the diagnosis and the greater or lesser exactitude of the information obtained, etc.

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## Appendix IV.

### NOMENCLATURE OF DISEASES COMMON TO THE FIRST YEAR OF LIFE.

I. *Digestive Disturbances and Nutritional Disturbances associated with Feeding.*

A. Acute. Intensity : Light (*Bilanzstörung*).
Moderate (Dyspepsia).
Serious (Infantile Cholera, Intestinal Intoxication).

B. Chronic. Intensity : Moderate (Hyperthrophy, Atrophy).
Serious (Decomposition, Athrepsia).

II. *Specific Infectious Diseases.*

A. Acute : Measles.
Scarlet Fever.
Rubella.
Diphtheria.
Typhoid Fever.
Dysentery.
Meningitis.
Malaria.
Chicken-pox.
Smallpox.
Whooping-cough.
Mumps.
Influenza.
Encephalitis.
Poliomyelitis.
Erysipelas.
Gonorrhœa.

B. Chronic : Tuberculosis.
Syphilis.

III. *Other Infectious Diseases.*

1. Generalised infections : Septicæmia (*Septische Krankheiten*).

2. Skin diseases : *(a)* Furunculosis.
*(b)* Pyogenic infections.
*(c)* Impetigo.
*(d)* Other skin diseases.

3. Respiratory infections, including infections of the throat and ear :

*(a)* Coryza.
*(b)* Bronchitis.
*(c)* Bronchial Pneumonia.
*(d)* Pneumonia.
*(e)* Purulent Pleurisy.
*(f)* Angina.
*(g)* Otitis and complications.

4. Urinary infections : *(a)* Cystitis, Pyelitis.

5. Meningo-encephalic infections : *(a)* Acute Meningitis (various forms).
*(b)* Encephalitis (various forms).

6. Infections of the umbilical cord : *(a)* See Generalised Infections, Tetanus, Erysipelas.

7. Bones and joints : *(a)* Osteomyelitis.
*(b)* Arthritis.

IV. *Non-infectious Diseases (excluding Groups I, V and VI).*

Barlow's Disease.
Rickets.
Spasmophilia.
Eczema and other non-infectious diseases of the skin.
Diseases of the Blood : Pernicious Anæmia.
Leucæmia.
Hæmophilia.
Diseases of the Thyroid Gland : Malignant tumours.
Hypothyroidism.
Hyperthyroidism (Goitre).
Diseases of the Stomach : Pernicious Vomiting.
Pyloric Stenosis.
Intestinal Diseases : Melæna.
Invagination and other causes of intestinal occlusion.
Other diseases will be classified according to the organs affected.

V. *Congenital Malformations.*

1. Nervous system (idiocy, hydrocephalus, meningocoele and spina bifida).
2. Heart.
3. Mouth, digestive tract.
4. Liver and biliary tract.
5. Bones and joints.
6. Umbilical cord.

VI. *Obstetrical Traumatism.*

1. Traumatism of the head.
2. Hæmorrhage into the brain and spinal cord.
3. Fractures and luxations.
4. Asphyxia.

VII. *Serious Accidents.*

Burns, etc.

## Appendix V.

LIST OF DISTRICTS SELECTED FOR THE ENQUIRY INTO INFANT MORTALITY IN DIFFERENT COUNTRIES

| Countries | Urban Districts | Rural Districts |
|---|---|---|
| GERMANY | Augsburg<br>Cassel | Lippe<br>Mecklenburg-Strelitz |
| AUSTRIA | Vienna { Ottakring, Josefstadt. | Schärding.<br>Gmünden (and two other districts) |
| FRANCE | Paris :<br>(3 subdivisions of the XIXth arrondissement)<br>Vanves : (suburb of Paris) | Normandy { (1) Pays de Bray (2) Pays de Caux<br>One district in the centre of France. |
| GREAT BRITAIN | Sunderland<br>Southampton | Staffordshire (selected district)<br>Oxfordshire. |
| NORWAY | Oslo (two districts) | Probably two districts |
| NETHERLANDS | { Maastricht, Breda<br>Leyden, Dordrecht. | Emmen.<br>Hoensbroek. |

## ANNEX 130.

PROGRAMME OF THE INTERNATIONAL HEALTH COURSE ORGANISED ON THE INITIATIVE AND WITH THE ASSISTANCE OF THE HEALTH COMMITTEE OF THE LEAGUE OF NATIONS, JANUARY 17TH TO MARCH 5TH, 1927.

[*Translation.*]

The International Health Course is intended primarily for medical officers belonging to the health departments in Europe and Latin America.

It includes lectures in French on the main existing problems of public health and preventive medicine, and embraces the work done and the experience gained in various countries.

The theoretical lectures are followed in the afternoon by a discussion (*Seminär*), when the audience can ask questions of the persons who lectured in the morning.

One day in each week is devoted to visits to institutions and organisations connected with public health.

The programme of the course also includes an individual course of practical work lasting six weeks, during which the person concerned carries out in three specified countries a special programme drawn up in consultation with his department.

The theoretical course lasts six weeks, and a certificate of regular attendance is issued by the Institute of Hygiene.

The course is limited to twenty-five persons.

The programme of lectures covers the following eight sections of the wide field of public health.

### A. THEORETICAL SECTION (7 weeks).

I. *General Epidemiology.*

Professor Léon BERNARD, Director of the Institute of Hygiene in the Faculty of Medicine at Paris : The Evolution of Hygiene and Preventive Medicine. Relations between public health officers and the medical profession.

Dr. MADSEN, Director, State Serum Institute, Copenhagen : Seasonal Cycle of Epidemics.

Dr. Knud Stouman, of the League of Nations Epidemiological Intelligence Service : Present Geographical Distribution of Epidemics (two lectures).
Dr. Gustavo Pittaluga, Professor at the University of Madrid : Epidemiology in its Biological Aspects (three lectures).
Col. S. P. James, M.D., D.P.H., Technical Adviser on Tropical Diseases to the British Ministry of Health : Tropical Diseases in Europe (two lectures).

II. *New Specific Methods of Prophylaxis for Infectious Diseases.*

Dr. Bordet, Professor at the Brussels Free University : General Principles of Immunology.
Dr. Ramon, Head of Department in the Pasteur Institute at Paris : Specific Prophylaxis of Diphtheria and Tetanus.
Dr. Robert Debré, Deputy-Director of the Institute of Hygiene at Paris : Specific Prophylaxis of Measles. Specific Prophylaxis of Scarlet Fever.
Dr. Madsen : Standardisation of Sera and Biological Products. Specific Prophylaxis of Whooping-cough.
Dr. Calmette, Deputy-Director of the Pasteur Institute : Specific Vaccination against Tuberculosis.
Dr. Besredka, Professor in the Pasteur Institute : Specific Vaccination against Cholera, Dysentery and Typhoid ; Buccal Vaccination.
Dr. Levaditi, Head of Department in the Pasteur Institute : Smallpox Vaccines

This section of the programme will be completed by visits, with lectures on the spot, to the Pasteur Institute, the Pasteur hospital, tuberculosis hospitals, tuberculosis sanatoria, prophylaxis centres for infantile tuberculosis, the vaccination services of the city of Paris, the sero-prophylactic measles laboratory, the La Ferté St. Aubin centre of the Association for the Boarding-out of Infants, etc.

III. *General Prophylaxis.*

Dr. Henri Thierry, Inspector-General of the City of Paris Public Health Department : Theory and Practice of Disinfection.
Dr. Hahn, Professor in the University of Berlin : Permanent Organisations for the Prophylaxis of Infectious Diseases.
Dr. C. E. A. Winslow, Professor at Yale University, Newhaven, Connecticut, U.S.A. : Personal Hygiene.

Visits, for the purposes of practical application and demonstration, to the disinfection services of the City of Paris, the National Social Hygiene Office (propaganda) and the School Hygiene Centre.

IV. *Biochemistry.*

Dr. Saiki, Director of the Imperial Institute for Nutrition, Tokio : Metabolism of Nutrition : its Applications to Hygiene with reference to the Work of the Japanese School (three lectures).
Dr. C. Funk, Professor at the Warsaw School of Hygiene : Vitamins (two lectures).

Exhibition of films.

V. *Biometry.*

Dr. Lucien March, Hon. Director-General of Statistics for France : Statistical Methods (three lectures).
Dr. Methorst, Director of the Netherlands Central Statistical Bureau : The application of Statistics to Demography and Public Health (three lectures).

Visit to the State Statistical Bureau.

VI. *Social Hygiene.*

Dr. Schlossmann, Professor in the University of Dusseldorf : Institutional Treatment for Infants (two lectures).
Dr. Chenevier : Institutional Treatment and Hygiene.
Sir W. Leslie Mackenzie, of the Scottish Public Health Department : Hygiene during School Age (two lectures).
Dr. Chailley-Bert, Lecturer in the Faculty of Medicine at Paris : Physical Training.
Dr. C. E. A. Winslow : Visiting Nurses and Public Health.
Professor Leon Bernard, Scientific Principles of the Campaign against Tuberculosis. Social Prophylaxis of Tuberculosis. Legal Enactments for the Prevention of Tuberculosis.

Dr. Gougerot, Agrégé in Syphiligraphy in the Faculty of Medicine at Paris : Anti-venereal Prophylaxis (film and lectures).
Dr. Jean Lépine, Dean of the Faculty of Medicine at Lyons : The Prophylaxis of Mental Diseases.
Dr. René Sand, Secretary-General of the League of Red Cross Societies : Popular Instruction in Hygiene.
Dr. Johan Kuhn, of Copenhagen : The Practice of Health Insurance : the Example of Denmark (two lectures).
Dr. Foramitti, Deputy-Director of the Austrian Federal Public Health Department : Relation between Social Insurance and Preventive Medicine (two lectures).

Visits to the St. Louis Hospital, the hygiene laboratory of the Faculty of Medicine at Paris, the physical training centre at Joinville, social and anti-tuberculosis prophylaxis organisations, a complete model dispensary of social hygiene (Vanves), the Radium Institute, the Pasteur Institute, the Central Vaccine and Vaccine Control Institute, the obstetrical organisation for anti-venereal and anti-tuberculosis social prophylaxis (Baudelocque Obstetrical Clinic), school hygiene centres and the infants' mental prophylaxis department. Exhibition of films dealing with various social hygiene organisations.

VII. *Industrial Hygiene.*

Dr. Carozzi, Head of the Hygiene Section of the International Labour Office : Organisation of Industrial Work and its Various Factors (three lectures).
Dr. Glibert, Inspector-General of Labour in Belgium : The Health Supervision of Labour.
Dr. C. E. A. Winslow : Ventilation.

Visits to factories, under the direction of labour inspectors.

VIII. *Public Health.*

M. Forestier, Keeper of Promenades and Gardens for the City of Paris : Principles of Town Planning.
Dr. Gini, Professor in the University of Rome, President of the Italian National Statistical Office : Health Problems connected with Movements of Population.
Mr. Selskar M. Gunn, late Professor in the Boston Institute of Technology : General Ideas on Public Health Administration. General Ideas on Public Health : Relative Value of Different Kinds of Work done by the Public Services.
Dr. Heijermans, Director of Health Services of the City of Amsterdam : Municipal Health Administration.
Dr. Boudreau, of the League of Nations Health Section, late Head of the Health Department of the State of Ohio, U.S.A. : Rural Public Health Administration.
M. Velghe, Director-General of Public Health in Belgium : Housing for the Workers.
Dr. C. E. A. Winslow : Drinking-water. Sterilisation of Water. Purification of Sullage-Water. Milk.
Dr. L. Rajchman, Medical Director of the Secretariat of the League of Nations : The Health Organisation of the League of Nations.
Dr. Pottevin, Director of the Office international d'hygiène publique : International Sanitary Conventions.
Professor Léon Bernard : International Sanitary Co-operation.

Visits to the hygiene laboratories of the Paris Faculty of Medicine, the Arcueil-Cachan Garden City, the Nord Railway Company's Garden City at Tergnier (Aisne), the sources of the Loing and the Lunain (Paris water-supply), the St. Maur works for the chloride of lime and ozone processes, the foodstuffs analysis laboratory, the Achères sewage-farm and the Carrière-Triel biological purification works, the household refuse incineration works and the sewers of the City of Paris.

*Entrance Fees.*

| | |
|---|---|
| Registration and library fee .. .. .. .. .. .. .. .. .. .. | 100 francs. |
| One course of lectures .. .. .. .. .. .. .. .. .. .. .. | 200 ,, |
| One course of visits and practical work .. .. .. .. .. .. | 200 ,, |

## B. Practical Section.

At the end of the theoretical section of the course, the members will undergo individual practical courses in various European countries.

The *Bulgarian* official, who is a departmental medical officer, will study preventive medicine, public health, and port sanitary services in Belgium and the Netherlands, and will study the first two subjects in Switzerland also.

The *Estonian* official, who is a district medical officer, will study public health, health organisation, and prophylaxis against tuberculosis and alcoholism in London and at Copenhagen. He will also study the same subjects in Norway, devoting special attention to the sparsely-populated rural districts.

The *Greek* officials, both of whom belong to the Ministry of Health, Social Welfare and Public Assistance, will study :

The first : Social hygiene, infant welfare, and tuberculosis work in France, Belgium and Germany. On the return journey he will spend a short time at Belgrade and Skoplje.

The second : Industrial hygiene, public health, and applied biometrical studies in France, Belgium, Germany and Switzerland.

The *Hungarian* officials, both of whom are counsellors in the Ministry of Social Welfare, will study :

The first : The low infant mortality and the anti-venereal and anti-alcoholic institutions in Sweden and Norway, and child hygiene propaganda and the organisation of visiting nursing in Poland.

The second : Preventive measures against infectious diseases in Great Britain and the Kingdom of the Serbs, Croats and Slovenes.

The *Latvian* official, who is the Director of the principal hospital in the city of Riga, will study municipal hygiene, hospital organisation, and anti-venereal methods in Paris, Bordeaux, Marseilles and Vienna.

The *Lithuanian* official, who is head of the Army Laboratory of Hygiene and of the Physical Training Section, will study social hygiene, the prophylaxis of infectious diseases, and the prophylaxis of tuberculosis in France, the Netherlands, Switzerland and Germany.

Of the *Paraguayan* officials :

The first, who is a member of the National Department of Public Health and Social Welfare, will study : (1) in Belgium, the institutions for the prophylaxis of social diseases and the organisation of the public health service ; (2) at Hamburg, the Tropical Diseases Institute and the public health and prophylaxis services.

The second, who is a Professor in the National University of the Republic of Paraguay, will make an exhaustive study of child welfare at Paris, Lyons and Berck-Plage, and in the Netherlands and Austria. His programme includes visits to the Pasteur Institute and the Baudelocque Obstetrical Clinic and to preventoria, maternity institutes, crèches, etc.

The *Polish* official, who is a district chief medical officer, will study : At Paris, the departmental and municipal health organisations ; in Austria, social insurance ; in the Kingdom of the Serbs, Croats and Slovenes and in Denmark, the organisation of public health and rural hygiene.

The *Roumanian* officials, both of whom are chief inspectors of public health areas in Roumania, will follow out the same programme together : Public health propaganda and anti-tuberculosis and anti-venereal measures in France (Paris, Lyons, Marseilles, Cherbourg) and in Belgium (Brussels, Antwerp and Liége).

The officials of the *Kingdom of the Serbs, Croats and Slovenes* will study :

The first, who is an epidemiologist in the Central Public Health Institute at Belgrade, general hygiene and serology in Denmark and Poland.

The second, who is an inspector under the Ministry of Health, general public health administration, social medicine, school hygiene, and serology, in Great Britain, Denmark and Poland.

The *Czechoslovak* officials, both of whom are inspectors of public health under the Ministry of Health and Physical Training at Prague, will study :

The first : At Brussels, Antwerp, Amsterdam, The Hague and Rotterdam, social diseases, epidemiology institutional treatment, measures against infant mortality, crèches, social insurance, the medical services at the emigration stations of Antwerp, Rotterdam and Hamburg ; and subsequently, at Berlin, the organisation of the Reichsgesundheitsamt, Professor Grotjahn's social hygiene laboratory, Professor Langstein's infants' hospital, the Health Statistics Bureau, the Industrial Hygiene Bureau, the School Hygiene Bureau, the Health Insurance Bureau and the Social Diseases Bureau.

The second : In France, and more particularly in Paris, health propaganda and instruction, popular hygiene and methods of fighting tuberculosis.

The *U.S.S.R.* officials will study :

The first, who is head of the Prophylactic Section of the Public Health Department of the Northern Caucasus : In France (Paris, Lille, Marseilles and Nancy) and at Berlin, hospital organisation, industrial hygiene and anti-venereal work at ports.

The second, who is Acting Commissary of the People for Public Health for White Russia, at Paris, Copenhagen and Berlin, the direction and organisation of hospitals and municipal health institutions.

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C.H. 542.

## ANNEX 131.

## PROPOSALS MADE BY THE MEDICAL DIRECTOR REGARDING FUTURE INTERCHANGES OF PUBLIC HEALTH PERSONNEL.

Under the arrangements made with the International Health Board of the Rockefeller Foundation, any funds not used during the financial year are to be returned to the Board at the end of the year. As, however, certain expenditure had been incurred towards the end of 1925 in respect of the financial year 1926, the Executive Committee of the International Health Board decided to refund to us the amount of the Interchange Grant actually returned for the year 1925, and the credits available for the year 1927 are consequently increased by that amount.

Further, since the programme of interchanges so far proposed for 1927 is less extensive than in previous years, we have at our disposal—including the sum to be refunded by the Rockefeller Foundation—approximately 100,000 francs.

The Committee decided at its sessions during last year to consider the possibility of an interchange in India, and there has been correspondence on the subject. It will probably be possible to hold this interchange about the end of the year, at the time of the Seventh Congress of the Far Eastern Association of Tropical Medicine, which is to take place in Calcutta in December 1927.

Dr. Tsurumi informs us of his intention to lay before the Committee a proposal for an interchange for port medical officers in Far Eastern countries, based on the experience gained during the tours of investigation in Mediterranean, Baltic and North Sea ports.

In view of the success of the International Public Health Course organised at the Paris Faculty of Medicine, we think it desirable to repeat it next year, and to arrange a similar course at Berlin for German-speaking and in London for English-speaking public health officers. These courses might start at the beginning of the academic year 1927-28. It seems from preliminary conversations in London and Berlin that the courses will be welcomed.

Lastly, a certain sum should be set apart to enable public health officers selected by their health departments to make an individual study of specified subjects. This credit would be employed principally in the Latin-American countries.

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C.H. 542.
Annex I.

## ANNEX 132.

## PROPOSALS IN REGARD TO THE FURTHER STUDY OF HEALTH INSURANCE IN RELATION TO PUBLIC HEALTH SERVICES FROM THE POINT OF VIEW OF PREVENTIVE MEDICINE.

1. A detailed study of the proposal made by the Czechoslovak delegation to the Sixth Assembly in September 1925 has shown that the problem resolves itself into the following points :

*(a)* Should health insurance organisations undertake the prevention as well as the treatment of disease ?

*(b)* If so, what preventive measures should be applied by health insurance organisations ?

*(c)* What relations should exist between the preventive work carried on by health insurance organisations and that of public health agencies, State and local, public and private ?

2. The surveys undertaken by the public health administrations of Austria, Germany, Hungary, Poland and Czechoslovakia, as well as the study of conditions in Denmark and elsewhere, have demonstrated what preventive measures are being applied by health insurance organisations.

It is generally advanced that one of the most important preventive measures consists in the provision of free medical treatment, as this facilitates early and frequent consultations, resulting in the prompt detection and effectual treatment of disease. While the preventive value of early treatment is undeniable, it cannot well be gauged accurately, much depending upon the efficacy and alacrity displayed in medical attendance, which, in order to be effective, should be of a standard equal to that given in hospitals, dispensaries, charitable organisations and the like, through which medical treatment is available even when health insurance is not in force.

Other preventive measures applied by health insurance organisations in various countries include those ordinarily figuring in a public health programme ; such as :

*(a) Infant and maternal welfare.*—Maternal benefits in kind may include examinations early in pregnancy (urine, pelvic measurements, blood pressure, etc.). Medical, nursing and hospital care during confinement and the puerperium.

Benefits for infants may include medical and nursing care in health and disease, such as periodic examinations by specialists and advice to mothers (Hungary).

*(b) Pre-school and school hygiene.*—Children before entering school and children of school age are not usually considered by health insurance organisations except in case of illness. Summer camps, etc., may, however, be supported partially or entirely.

*(c) Adolescents.*—Vacation camps, vocational guidance (Austria).

*(d) Prevention of infectious diseases.*—Health insurance organisations may assist with reporting, immunisation, examination of contacts (usually other members of the family in case of tuberculosis or venereal disease), isolation (hospital treatment), sanatorium treatment, dispensary treatment.

*(e)* Follow-up system, social workers, public health nurses, etc., the functions of which are mainly educational and therefore preventive.

*(f)* Education (of patients, healthy persons, physicians, etc).

3. A study of health insurance in the different countries shows that practically all the above public health measures are applied in some country or district of some country. The measures applied in each particular case differ not only between countries but also within a country, and even within a city, according to the particular health insurance organisation in question.

Prevention does not appear to have been introduced into the practice of health insurance organisations as a deliberate policy but rather to have been haphazard and often the result of credits being available for certain types of measures appealing to the executive officers (who seldom possess public health experience).

4. The surveys of the cities of Budapest, Cologne, Prague, Vienna and Warsaw, which were undertaken to obtain accurate knowledge of the preventive machinery in existence and the manner in which it operated, show but little correlation between this and other public health agencies. Much duplication of work appears in dispensary, laboratory services, etc. The insured have at their disposal medical facilities provided by the municipality and by charitable organisations, as well as by the health insurance system itself, and while in some countries certain classes of the insured may have almost a plethora of medical services at their disposal, other classes, *e.g.*, the pre-school age, have little or nothing.

5. It is obvious that the introduction of a well-considered system would allow of better utilisation of all available facilities. To this end, before a programme of prevention in the larger sense is decided upon in any country, a critical survey would help to ascertain what facilities were available to the insured through the instrumentality of the various public health and medical agencies, and in what directions they required supplementing.

A critical study, conducted by health experts, of the morbidity and mortality statistics of the insured would disclose their special public health needs. The executive of insurance

organisations, given the requisite information as to financial possibilities, should not find it difficult to prepare a programme of prevention in consultation with other public health and medical agencies in the district.

This, in fact, appears to be a modern practice in certain European countries (such as Germany, Austria, England) where the system of combining and pooling resources in order to carry out a specific programme is even receiving legislative sanction.

6. The modern tendency towards local agreements may have a determining influence upon the direction and reorganisation of sanitary administrations which seem to be contemplated by many countries at the present time.

The economic crisis, which has resulted in the reduction of credits for public health in State and communal bodies, leaves the health insurance system in many countries the more powerful factor in the actual determination of sanitary policies, and obviously raises the question of the best use to be made of available financial resources for the purposes of prevention. No question can arise of diverting to the benefit of the non-insured the funds of health insurance organisations away from the insured, who, in addition to paying for their own insurance, generally pay State and local taxes and frequently contribute also to private health agencies.

The scheme of co-operation outlined above would aim at strengthening health insurance by the introduction of effective measures of prevention, by the increase of medical facilities for the insured and by preventing duplication of measures that are costly to the community and sometimes useless to the insured.

By the collection and analysis of available information and a clear and authoritative statement of general lines of progress, public health services and insurance organisations would be enabled to benefit by experience gained, particularly during the years following the war.

7. The local surveys undertaken during the past two years have resulted, in one or two instances (Vienna, Budapest) in the formation of a national committee, which, on the basis of the surveys made, intends to make proposals for the avoidance of overlapping, duplication and the best utilisation of all available resources.

In our opinion, the next step should be a critical analysis of the whole field of medical and preventive activities of health insurance organisations in different countries, based on the documentation already collected and the experience of such national committees, as well as on the information contained in the reports of Professor Grotjahn, Dr. McLeary and Dr. Kuhn.

A study of this material should, we suggest, be entrusted to a group of experts invited to advise the Health Committee on the subject. This expert committee should consist of some ten members, drawn from leaders of public health, administrative directors of health insurance and leaders of the medical profession on whose loyal collaboration the success of the system rests. Such a committee, after examining the material collected and analysed by the Health Section, would draw up a report dealing with general principles, such as :

*(a)* Measures of prevention suitable for adoption by health insurance organisations both in regard to generally recognised needs and to particular conditions.

*(b)* The relation of health insurance organisations to public health agencies, including the central sanitary administrations.

*(c)* Recommendations as to proper evaluation of preventive measures and the need for such measures, based on medical records.

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C.H. 542.

## ANNEX 133.

## INTERNATIONAL PACIFIC HEALTH CONFERENCE, MELBOURNE, 1926.

*Resolutions adopted by the Conference.*

1 For the better prevention of the spread of epidemic diseases and for the improvement of public health measures generally, it is desirable to establish a special system of intelligence between the health administrations of islands in the Pacific situated south of the equator and between longitude 140° E. and 140° W.

This special system will supplement but not replace the work now being effectively carried out by the Eastern Bureau of the League of Nations Health Organisation at Singapore.

This region would be known as the Austral-Pacific Regional Zone, and would include the following territories :

Australia,
Cook Islands,
Fiji,
Gilbert and Ellice Islands,
New Caledonia,
New Guinea,
New Hebrides,
New Zealand,
Papua,
Samoa—Western and Eastern,
Solomon Islands,
Tahiti groups,
Tonga.

2. Having regard to the position of Australian ports in relation to lines of communication by sea with the above territories, and to other circumstances discussed at the Conference, there would be great advantage in organising the required system in Australia, and the offer of the Commonwealth Government to make the necessary arrangements for the purpose through its Health Department is recommended for the acceptance of the administrations concerned within the regional zone.

3. It would result from this acceptance that the Commonwealth Department of Health will :

*(a)* Communicate information which it collects to each administration concerned within the regional zone, taking into account those requirements for information to which individual administrations attach special importance ;

*(b)* Maintain necessary touch with all sources of information regarding the occurrence of epidemic diseases outside the regional zone which may affect countries in the Pacific, notably with the International Health Bureaux at Paris, Geneva, Singapore and Washington.

4. For the above purposes, it is desirable that each administration should undertake :

*(a)* To notify the Commonwealth Department of Health, Melbourne, by telegraphic code, on the first day of each month, and immediately if necessary, of such new facts as may be important in regard to influenza, measles, cerebrospinal meningitis, whooping-cough, epidemic poliomyelitis, varicella, German measles (*Röteln*), dysentery and typhoid, as well as any unusual outbreak of sickness, and, at the commencement of each quarter, to forward by post a general statement as to the position of these diseases, together with any new facts which may be important in regard to malaria, filaria, yaws and venereal disease ;

*(b)* To forward to the Commonwealth Department of Health on the first day of January in each year a statement of the course of events in respect of leprosy, intestinal parasites, deficiency diseases, skin diseases and epidemic conjunctivitis ;

*(c)* To keep the Commonwealth Department of Health immediately informed of facts relating to the diseases specified in the International Sanitary Convention, 1926 (cholera, plague, yellow fever, typhus and smallpox), which, under the terms of Articles 1 to 7 of that Convention, are required to be forwarded by the participating administrations to the Office international d'hygiène publique in Paris.

It is understood that the information supplied by any administration under *(a)* and *(b)* will necessarily be limited by the extent to which the medical supervision in its territory permits of such information being obtained.

It is further understood that the undertaking in *(c)* is made without prejudice to the question whether the Commonwealth Health Department could in future be utilised as the agent by which the information from the territories in the Austral-Pacific Regional Zone can ordinarily be transmitted directly, or via the Singapore Bureau of the League of Nations, to the Office international d'hygiène publique under the terms of the International Sanitary Convention, 1926.

5. Experience has shown the possibility of considerable co-operation between different administrations in the Austral-Pacific Zone in relation to quarantine measures and specially to the treatment of infected vessels.

6. It is assumed, for the purposes of these resolutions, that the principles of the International Sanitary Convention will be adopted by all administrations. The following proposals have reference to practical measures, in conformity with those principles, which will permit of continuous uniform treatment of vessels as they pass from one territory to another within the zone, and will facilitate maritime commerce.

7. It is recognised that there are some territories in which it might not be possible to carry out all of the measures indicated in paragraphs 9 to 19. It is recommended, therefore, to the administrations within the Austral-Pacific Zone and, so far as applicable, to other

administrations, that the procedure specified in paragraphs 9 to 19 should be followed as far as practicable.

8. The Conference requests the Commonwealth Government to communicate with the Governments interested with the object of ascertaining how far it may be possible for each administration to adopt the procedure specified in paragraphs 9 to 19, and also requests the Commonwealth Government to communicate the information so received to all administrations.

9. For each island group there shall be declared by the territorial administration one or more first ports of entry, at each of which there shall be available a resident quarantine officer.

10. In all cases where the term " quarantine officer " is employed there shall be implied thereby only a qualified medical officer.

11. In all cases where the term " medical inspection " is employed with respect to vessels, there shall be implied thereby the medical inspection by a quarantine officer of all persons on board, including all classes of passengers.

12. A vessel arriving within the Austral-Pacific Zone from any port or place outside said zone shall not, unless compelled by stress of weather or accident of the sea, enter, as her first port of entry, any port other than a first port of entry.

13. Every vessel entering the Austral-Pacific Zone from any port or place outside such zone shall, on arrival at first port of entry, submit to the quarantine officer a primary health report containing information of the kind indicated in Schedule I[1].

14. The quarantine officer shall, after consideration of the primary health report, and after asking the master or/and medical officer of such vessel such questions as he thinks fit to ask concerning any sickness on board the vessel or the sanitary condition of the vessel, conduct a medical inspection of all persons on the vessel.

15. If after such medical inspection, the quarantine officer is satisfied that the vessel is free from infection, he shall forthwith give to the master a written certificate of pratique. Such certificate of pratique may be expressed to have effect in all ports in the island group of which the port at which it is given is a first port of entry, or in any specified port or ports of such island group. In addition, such certificate may be expressed to have relation to all or any specified measures of quarantine.

16. If, after such medical inspection, the quarantine officer is satisfied that infection exists on the vessel of such a nature that, under the local circumstances, quarantine action is required, the quarantine officer shall forthwith take the following action :

*(a)* He shall withhold pratique, and shall inform the master of the vessel that he is satisfied that infection exists on board.

*(b)* He shall follow out the procedure which is specified with respect to the particular disease as in Schedule A[1].

*(c)* He shall forward to the central administrative authority of the island group a telegraphic report containing the information embodied in Schedule III[1].

17. Upon receipt of every such report from a quarantine officer, the central administrative authority of the island group shall :

*(a)* Transmit by telegraph to the central administrative authority of each other island group at which the infected vessel proposes to call the information embodied in Schedule III[1] ;

*(b)* Transmit by telegraph to the Commonwealth Department of Health a copy of the telegraphic report received from the quarantine officer, together with a statement of action taken under sub-clause *(a)* of this clause.

18. No vessel in respect of which pratique has been withheld by a quarantine officer shall be allowed to enter any port where there is not a quarantine officer actually available for inspection of the vessel on arrival.

19. Every vessel which is permitted to continue her voyage without pratique shall :

*(a)* Undergo medical inspection at each subsequent port called at until pratique is granted ;

*(b)* Receive from the quarantine officer of the port at which infection is first discovered on board a certificate setting out the nature and number of cases in respect of which pratique has been withheld, the date of removal or death of the last case, the date of disinfection of infected material from each case, the steps taken by inoculation or otherwise for the protection of healthy persons on board, and a statement of any other action taken for the prevention of the spread of disease on the vessel ;

[1] Not reproduced here.

*(c)* Produce this certificate to the quarantine officer of each subsequent port, who shall endorse on it a summary of all action taken at that port ;

*(d)* Produce to the quarantine officer a supplementary health report containing the information as shown in Schedule II [1].

*(e)* Receive from the quarantine officer written instructions as to action required during the voyage to the next port, *e.g.*, the immediate isolation of any person showing symptoms of illness.

The above measures, having relation principally to inter-island communication, are not intended to replace the measures prescribed by territorial administrations for their own internal protection.

20. This Conference has been impressed by the advantages which should result from research into the aetiology of the diseases existing in the Pacific Islands and into the measures for their prevention being undertaken in the islands themselves and in the countries which are in close communication with them.

21. With this object, the Conference recommends to the Governments concerned the consideration of the advantages of :

*(a)* Establishing a modern laboratory in association with the central health administration of each territory ;

*(b)* Equipping a vessel as a mobile laboratory for investigation and medical patrol work at different points within the territory.

22. The Conference considers that, while it must rest with the respective territorial administrations to decide what is practicable in the way of research for the purposes above mentioned, an endeavour should be made to secure some sort of co-ordination in the objects of research and in the distribution of information among all the centres of research as to the results obtained at each. Accordingly, the Conference recommends that :

*(a)* The several medical services of the Pacific Islands and the countries in close communication with them should interchange information with one another as freely as possible in regard to any research work which they purpose to undertake or have undertaken ;

*(b)* The League of Nations Health Organisation, including the Committee of the Office international d'hygiène publique, be invited to give all practicable assistance to epidemiological and preventive work in the Austral-Pacific Zone, and in particular to consider the possibility :

(i) Of initiating or promoting schemes of co-ordinated research in the Austral-Pacific Zone ;
(ii) Of taking such steps as are necessary to consult the Governments concerned as to the practical form of such schemes ; and
(iii) Of securing so far as is practicable the co-operation and assistance of other international health organisations for this purpose ;

*(c)* The Commonwealth Government should be invited to take such action as it considers appropriate to bring these considerations to the notice of the administrations and international organisations concerned.

23. The Conference, however, expresses the opinion that the establishment or the further development of laboratories and research centres for both laboratory and field research should not be delayed while concerted schemes of international co-operation in research are being considered.

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C.H. 550.

## ANNEX 134.

### FAR-EASTERN INTERCHANGE, 1927.

*Letter from the India Office to the Secretary-General of the League.*

London, February 9th, 1927.

I am directed by the Secretary of State for India to inform you that he learns from the Government of India that the Health Section of the League of Nations Secretariat contemplates the organisation of an Interchange of Public Health Officers in India after the meeting of the Far-Eastern Association of Tropical Medicine to be held at Calcutta in December 1927.

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[1] Not reproduced here.

It is presumed that, subject to the scheme being accepted by the Health Committee and approved by the Assembly and Council of the League, the interchange will be organised on similar lines to that arranged in Japan in October 1925, particulars of which were given in Sir Eric Drummond's letter of January 13th, 1925, addressed to the Secretary of State. The Local Governments in India, which have been consulted on the matter, welcome the idea, and the Earl of Birkenhead cordially supports the Government of India in their approval of the project.

It is understood that the travelling and subsistence allowances of the officers engaged in the tour will be defrayed from the funds of the League Health Organisation, but the Government of India and Local Governments will be prepared to make the necessary arrangements for the tour and to meet the cost of transport, other than rail, connected with the visits.

I am to request that, if there is no objection, the Health Committee may be informed accordingly.

(*Signed*) E. J. TURNER.

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C.H. 555.

## ANNEX 135.

## BUDGET OF THE HEALTH ORGANISATION, 1928, ESTIMATES.

*Submitted to the Committee on February 16th, 1927.*

| Posts 1927 | Posts 1928 | | 1928 Swiss francs | 1927 Swiss francs | 1926 Swiss francs | Approximate Expenditure in Swiss francs 1926 |
|---|---|---|---|---|---|---|
| | | INTERNATIONAL HEALTH ORGANISATION | 1,003,485 | 996,700 | 988,165 | 788,925.30 |
| | | I. *Secretariat :* | | | | |
| | | 1. Salaries of the Health Section | 358,985 | 324,865 | 289,915 | |
| | | | Swiss francs | | | |
| 1 | 1 | Medical Director (41,000—2,500—53,000) | 53,000 | | | |
| 3 | 4 | Members of Section Class A (19,000—800—28,000) | 86,138 | | | |
| 4 | 3 | Members of Section Class B (13,700—800—19,000) | 53,071 | | | |
| 1 | 1 | Member of Intermediate Class (10,000—300—14,400) | 10,500 | | | |
| 1 | 1 | Secretary of Section (10,000—300—16,250) | 11,961 | | | |
| 2 | 2 | Secretary Shorthand-Typists (8,700—250—11,250) | 18,759 | | | |
| 1 | 1 | Senior Assistant (8,700—250—11,250) | 10,022 | | | |
| 1 | 1 | Senior Assistant (Draughtsman) (8,700—250—11,250) | 9,950 | | | |
| 2 | 4 | Bilingual Shorthand-Typists (7,500—250—10,000) | 32,983 | | | |
| 1 | 1 | Shorthand-Typist (7,000—200—9,500) | 7,928 | | | |
| | | Locally Recruited Staff : | | | | |
| 4 | 4 | First-Class Clerks (5,000—200—8,000) | 29,450 | | | |
| 5 | 4 | Second-Class Clerks (4,500—175—7,000) | 22,688 | | | |
| 1 | 2 | Shorthand-Typists (3,500—150—6,000) | 9,535 | | | |
| 27 | 29 | Overtime | 3,000 | | | |
| | | *Deduct* : Reductions in salaries due to lower cost of living | — | | | |
| | | 2. Salaries of Temporary Staff, chargeable to Rockefeller Foundation Grants I and II | 187,096 | 178,555 | 161,333 | 133,017.69 |
| | | Grant I | 74,444 | | | |
| | | Grant II | 112,652 | | | |
| 1 | 1 | Chief of Epidemiological Intelligence Service | 37,830 | | | |
| 2 | 2 | Members of Section Class A | 53,577 | | | |
| 5 | 5 | Members of Section Class B | 83,546 | | | |
| — | 1 | Junior Assistant (7,000—200—9,500) | 7,168 | | | |
| | | Locally Recruited Staff | | | | |
| 2 | 1 | Second-Class Clerk (4,500—175—7,000) | 4,975 | | | |
| 10 | 10 | | | | | |
| | | *Deduct* : Reductions in salaries due to lower cost of living | — | | | |

| | 1928 Swiss francs | 1927 Swiss francs | 1926 Swiss francs | Approximate Expenditure in Swiss francs 1926 |
|---|---|---|---|---|
| 3. Travelling and Removal Expenses | 63,000 | 50,000 | 55,000 | 62,696.91 |
| 4. General Printing and Documentation | 2,800 | 2,000 | 3,500 | 2,769.96 |
| 5. Cables, Telegrams and Telephones | 10,000 | 8,885 | 10,000 | 9,177.15 |
| 6. Unforeseen Contingencies and Miscellaneous Petty Expenses | 2,000 | 2,000 | 2,500 | 1,767.50 |
| II. *Epidemiological and Public Health Intelligence :* | | | | |
| 1. Special Reports and Enquiries, and Collective and Individual Studies of Public Health Statistics | 100,000 | 117,250 | 17,250 | 6,867.73 |
| Expenses chargeable to Rockefeller Grant II | 146,478 | 90,769 | 91,772 | 99,395.00 |
| Expenses chargeable to Rockefeller Grant III | — | 82,215 | 82,965 | 79,438.73 |
| 2. Publications | 45,000 | 60,000 | 60,000 | 41,597.50 |
| 3. Sanitary Notifications, Contribution to the Singapore Bureau and Epidemiological Enquiries | 75,000 | 75,000 | 60,000 | 23,243.95 |
| III. *Health Committee, Technical Sub-Committees and Conferences :* | | | | |
| 1. Sessions of Health Committee and Technical Sub-Committees. | | | | |
| *(a)* Daily Allowances and Travelling expenses, etc. | 65,000 | 75,000 | 90,000 | 57,811.00 |
| *(b)* Printing and Publication for the Committees | 31,700 | 31,700 | | |
| Special Investigations (this includes expenses of Technical Sub-Committees appointed by the Health Committee) | — | — | 150,000 | 128,043.77 |
| 2. Conferences and Technical Missions | 100,000 | 100,000 | 100,000 | 77,917.00 |
| IV. *Interchange of Public Health Personnel :* | | | | |
| 1. Expenses in connection with a system of liaison between the various National Public Health Services | 150,000 | 150,000 | 150,000 | 99,521.48 |
| 2. Collective, Specialised and Individual Interchanges (Expenses chargeable to Rockefeller Grant I) | 55,056 | 186,622 | 331,656 | 344,483.27 |
| *Total expenditure of the International Health Organisation* | 1,392,115 | 1,534,861 | 1,655,891 | 1,445,260.57 |
| *Deduct :* Rockefeller Grants : | | | | |
| Grant I : Salaries 74,444 / Interchanges 55,056 = 129,500 | | | | |
| Grant II : Salaries 112,652 / Epidemiological Intelligence Service and Public Health Statistics 146,478 = 259,130 | | | | |
| | 388,630 | 538,161 | 667,726 | 656,335.27 |
| *Total Contribution of League of Nations* | 1,003,485 | 996,700 | 988,165 | 788,925.30 |

SUMMARY OF APPROPRIATIONS IN AID.

| | | | | |
|---|---|---|---|---|
| Rockefeller Foundation Grants | 388,630 | 538,161 | 667,726 | |
| I. For Interchanges of Public Health Personnel $25,000 | 129,500 | 259,130 | 388,695 | |
| II. For Epidemiological Intelligence Service and Study of Public Health Statistics $50,000 | 259,130 | 170,196 / 108,835 | 170,196 / 108.835 | |

C.H. 543.

## ANNEX 136.

## NOTE ON THE OBSERVATIONS OF THE ADVISORY COUNCIL OF THE SINGAPORE BUREAU IN REGARD TO THE SUGGESTIONS MADE BY THE OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE RELATIVE TO THE INTERNATIONAL SANITARY CONVENTION, 1926.

Geneva, February 10th, 1927.

1. The Permanent Committee of the Office international d'hygiène publique, with a view to obtaining the opinion of the Advisory Council of the Singapore Bureau, requested its Director to communicate to the Medical Director of the Secretariat of the League of Nations the following suggestions regarding the duties which might be entrusted to the above-mentioned Bureau. These duties would consist in carrying out, as regards the countries which come within its sphere of action, in accordance with the rules to be drawn up by the Committee of the Office international d'hygiène publique, and under the responsibility of the Office, certain of the obligations which have been laid upon the Office by the International Sanitary Convention of 1926, subject to the provisions of the last paragraph of Article 7.

### A. *Procedure followed in transmitting the Suggestions of the Office international to the Advisory Council.*

2. Having obtained from the Bureau of the Health Committee the necessary authority to transmit the suggestions of the Office international (see Appendix), I first submitted them

to Viscount Ishii, the Japanese Member of the Council of the League of Nations, who acts as its Rapporteur on the work of the Health Organisation. The Council approved the procedure recommended by Viscount Ishii as follows :

"The Health Committee will request its Advisory Council at Singapore to examine the technical suggestions submitted by the Permanent Committee of the Office international d'hygiène publique on the work which might be entrusted to the Singapore Bureau, namely, that it should, for the countries within its sphere of action, carry out, in accordance with the rules established by the Committee of the Office international d'hygiène publique and under its responsibility, some of the duties entrusted to the Office international by the International Sanitary Convention of 1926, subject to the provisions of the last paragraph of Article 7, which lays down that the relations which may be established with other international organisations will not have the result of substituting any other sanitary body for the Office international.

"No official proposal has so far been submitted by the Office international d'hygiène publique ; all that is intended for the present is to institute a preliminary technical enquiry into the possibility of utilising our Epidemiological Intelligence Service for the application of certain provisions of the Convention.

"This exchange of expert opinions is valuable from every point of view. The desirability of such discussions is recognised in Article 7 of the Convention, and we might ask the Health Committee to consider, at its next session, the suggestions of the Singapore Advisory Council, and submit to us a report on this subject."

3. I accordingly requested the Director of the Singapore Bureau to submit the suggestions of the Office to the Advisory Council, stating as follows :

" The suggestions of the Office international are being submitted to the Advisory Council for its comment and observations in conformity with the recommendations of the Health Committee approved by the Council of the League of Nations. You should ask the Advisory Council to formulate its observations in a report which will be submitted by its Chairman, Colonel Graham, to the first session of the new Health Committee of the League of Nations, meeting in Geneva on February 14th, 1927. The Health Committee will formulate recommendations and present a report to the Council of the League of Nations. At the present time the Office international d'hygiène publique has not made any official proposal to the League of Nations for the conclusion of such an arrangement, but there is unanimous recognition of the necessity for the utilisation of the Singapore Bureau for the purposes of the Convention. In so far as the possibility of entrusting to the Bureau certain of the functions of the Office is concerned, the Permanent Committee of the Office international d'hygiène publique has decided to obtain the views of the Advisory Council and of the Bureau on certain technical suggestions which are enumerated in the enclosed document (see Appendix). The technical discussion of these suggestions, both by the Advisory Council of the Singapore Bureau and the Health Committee of the League of Nations, and by the Permanent Committee of the Office international d'hygiène publique, will prepare a way for the conclusion of an ultimate arrangement. You should therefore put it very clearly before the members of the Advisory Council that the present enquiry is not intended as the opening of official negotiations for the utilisation of the Bureau, but that it is meant exactly for the purpose stated in the preamble of the Office document, namely, to obtain technical observations on a series of technical suggestions without prejudice to ultimate decision by any of the determining bodies, that is to say, by the Council of the League of Nations on the one hand and by the Permanent Committee of the Office international on the other.

"As the Singapore Bureau forms an integral part of the Health Organisation of the League of Nations, any arrangement for its utilisation for the purposes of the International Sanitary Convention must be concluded between the League of Nations, as represented by the Council, on the one hand, and the Permanent Committee of the Office international on the other. The Council of the League of Nations will take no decision in this matter without first obtaining the advice and report of the Health Committee of the League of Nations. As the Advisory Council of the Singapore Bureau is a technical commission of the Health Committee of the League of Nations, it is natural that its observations will be submitted to the Health Committee in the first instance and that the Health Committee has to present a report on the recommendations to the Council of the League of Nations in this respect."

B. *Observations of the Advisory Council.*

The observations of the Advisory Council are contained in Resolution No. 8 (see Annex 136, I), with its attached Annex No. V (see Annex 136, V), of the Minutes of its session held at Singapore from January 6th to 10th.

1. The Singapore Advisory Council advises the Health Committee that the Eastern Bureau may be entrusted with certain of the duties devolving upon the Office international d'hygiène publique in virtue of the Paris Convention of 1926.

2. The Advisory Council believes that the functions under Articles 1, 2, 3, 4, 6, 12 and 16 of the Convention should be discharged by the Bureau, namely, the responsibility for receiving and transmitting information concerning :

*(a)* The first recognised case of plague, cholera and yellow fever, as well as the existence of an epidemic of smallpox or of typhus (Articles 1 and 3).

*(b)* The place where the disease has appeared ; the date ; the number of cases and deaths ; the extent of the local area or areas affected ; (plague) rat-plague ; (cholera) germ-carriers ; (yellow fever) the relative prevalence (index) of *Stegomyia calopus* and the measures taken (Articles 2, 3).

*(c)* The course of the epidemics and the precautions adopted to prevent the spread and exportation of the infection (Article 4).

*(d)* Rat-plague (Article 6).

*(e)* The cessation of danger from infection (Article 12).

*(f)* The measures prescribed with regard to arrivals from infected territories (Article 16).

3. As regards Articles 9, 14, 28, 50, 57, the Advisory Council was unanimously of opinion that the relevent information is already being collected by the Eastern Bureau and that it is useful that it should be so gathered and published from time to time in the Bureau's bulletins ; and it appears therefore that the Bureau is capable of obtaining this intelligence for the Office international. The majority of the members believed, however, that, in view of the non-urgent character of this information, their Governments may prefer to communicate it direct to Paris ; while the delegates from Japan, Formosa and Chosen reserved the right of their Governments to communicate with the Singapore Bureau.

4. Although they had not consulted their respective Governments, the members of the Advisory Council declared that the following countries should be included in the sphere of activity of the Bureau for the purposes of the Convention :

British India,
British North Borneo,
Ceylon (?)[1],
China,
Chosen,
Dutch East Indies,
French Establishments, India,
French Indo-China,
Hong-Kong,
Japan,
Kwantung.
Macao,
Malay States,
Federated and Unfederated.
Portuguese Indies,
Siam,
Straits Settlements,
Timor.

The administrations not represented at the January session of the Advisory Council are being consulted at the present time, and it is hoped that their replies will be received before April.

5. The Singapore Advisory Council while in session was informed by a telegram from the President that the International Pacific Health Conference at Melbourne, at which France, Great Britain, Japan, New Zealand, the United States, Fiji, Papua, New Guinea, the Solomon Islands and the Straits Settlements were represented, had recommended the creation at Melbourne of an " Austral-Pacific " sub-centre for epidemiological information to supplement the work of the Eastern Bureau. This information was confirmed by a telegram from Dr. Norman White, stating that the proposal was confined to the exchange only of information of local importance or concerning the Pacific Islands and was in no way intended to curtail the activities of the Singapore Bureau.

The Commonwealth Public Health Department would perform the functions of this sub-centre, in respect of which it is proposed to invite the collaboration of the administrations of the following countries and territories in the Pacific :

Australia,
New Zealand,
Papua / New Guinea (under Australian mandate),
Western Samoa (under New Zealand mandate),
Solomon, Gilbert and Ellice, Fiji, Cook and Tonga Islands (British),
Eastern Samoa (United States),
New Caledonia and Tahiti Island Group (French),
New Hebrides (under French and British administration).

As regards the " conventional " diseases, the Melbourne Conference adopted the following resolution :

" It is desirable that each administration should undertake. . . to keep the Commonwealth Department of Health immediately informed of facts relating

[1] This query signifies that it is not yet determined if Ceylon will ratify the Convention.

to diseases specified in the International Sanitary Convention, 1926 (cholera, plague, yellow fever, typhus and smallpox), which, under the terms of Articles 1 to 7 of that Convention, are required to be forwarded by the participating administrations to the Office international d'hygiène publique in Paris.

« . . . It is further understood that . . . this undertaking is made without prejudice to the question whether the Commonwealth Health Department could in future be utilised as the agent by which the information from the territories in the Austral-Pacific Zone can ordinarily be transmitted directly, or via the Singapore Bureau of the League of Nations, to the Office international d'hygiène publique, under the terms of the International Sanitary Convention, 1926."

6. The Singapore Advisory Council was not in favour of insisting on the confidential character of communications required under the Convention as regards the Far East, and laid stress on the practice prevailing in these countries of giving wide publicity to epidemiological intelligence.

7. Special consideration was given to the various points submitted by the Office international, and detailed observations thereon will be found in the Minutes of the January session of the Singapore Advisory Council.

**Appendix.**

OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE.

*October Session*, 1926.

With a view to obtaining the opinion of the Advisory Council of the Singapore Bureau, the Permanent Committee of the Office international d'hygiène publique has requested its Director to communicate to the Medical Director of the Secretariat of the League of Nations the following suggestions relating to the duties which might be entrusted to the aforementioned Bureau. These duties would consist in carrying out, as regards the countries which come within its sphere of action, in accordance with the rules to be drawn up by the Committee of the Office international d'hygiène publique, and under the responsibility of the Office, certain of the obligations which have been laid upon the Office by the International Sanitary Convention of 1926, subject to the provisions of the last paragraph of Article 7.

I. To determine which, for Convention purposes, shall be the countries included within the sphere of action of the Singapore Bureau.

II. Apart from the obligations imposed on the Office under Article 5, and which do not concern the present suggestions, the Office is to be responsible for receiving and transmitting information concerning :

1. The first recognised case of plague, cholera and yellow fever, as well as the existence of an epidemic of smallpox or of typhus (Articles 1 and 3).
2. The place where the disease has appeared ; the date ; the number of cases and deaths ; the extent of the local area or areas affected ; (plague) rat-plague ; (cholera) germ-carriers ; (yellow fever) the relative prevalence (index) of *Stegomyia calopsus* (*aedes Egypti*) and the measures taken (Articles 2, 3).
3. The course of the epidemics and the precautions adopted to prevent the spread and exportation of the infection (Article 4).
4. Rat-plague (Article 6).
5. The cessation of danger from infection (Article 12).
6. The measures prescribed with regard to arrivals from infected territories (Article 16).
7. The sanitary services of ports (Articles 14 and 50).
8. The conditions governing measures of deratisation (Article 28).
9. Regional agreements (Articles 9 and 57).

The fulfilment of these obligations seems to require :

A. The despatch of telegraphic communications to the principal health authorities of the countries concerned (Articles 1 and 3 and 6 (3)) and of special communications (Articles 12 and 16).

B. The collection and despatch of information in the form of a weekly publication (Articles 4, 6, 12).

C. The collection of documents necessary to the publication of a special annual report (Articles 14, 28, 50, 9, 57, 151).

A. Special consideration should be given to the following points :

1. Source of information.
2. Authorities to receive the information.
3. Nature of communications.

1. By the terms of the Convention, the information required by Articles 1 and 2 shall, for each country, relate not only to the ports but also to the whole territory.

2. It does not appear necessary to require the Singapore Bureau to communicate immediately by telegram to the Office at Paris the information received under Articles 1, 2 and 6. Regular communications to the Office shall take the form of a weekly telegram.

In order to reduce to absolute necessity the number of long-distance telegrams, it would seem advisable for the Government of each of the countries concerned to indicate :

*(a)* Which, if any, are the principal health authorities to which direct communications should be sent under the terms of Articles 3.

*(b)* In regard to what areas should immediate telegraphic communications to these public health authorities be sent.

3. The communications prescribed in Articles 3 and 6 are intended solely for the principal health authorities, and are therefore to be of a confidential nature. It appears, however, that their confidential nature will be sufficiently safeguarded if they are transmitted in code by wireless.

Although there does not seem to be any objection to the publication of this information in the weekly bulletin of the Singapore Bureau, the Bureau should be asked whether it would arrange, if necessary, to publish a bulletin of a confidential character.

The special communications prescribed in Article 16 should, at least in certain cases, be of a strictly confidential nature, and be limited to Governments. The terms of the Convention do not necessarily imply that these communications should be transmitted by telegram.

B. The information received by the Bureau should be published on a fixed day of each week in a form to be determined by the Committee of the Office.

The contents of the bulletin in the above-mentioned form shall be communicated weekly by telegram to the Office before its publication.

C. One single official annual report should be published by the Office. The Singapore Bureau should be invited to collect the documents prepared according to a scheme which shall be drawn up by the Office international d'hygiène publique.

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## ANNEX 136, I.

### RESOLUTIONS ADOPTED BY THE ADVISORY COUNCIL OF THE EASTERN BUREAU AT ITS SECOND SESSION HELD FROM JANUARY 6TH TO 10TH, 1927.

Singapore, January 10th, 1927.

1. The Advisory Council approves the Director's report for 1926, subject to the modifications recorded in the Minutes.

2. The Advisory Council endorses the principle of dissemination of epidemiological information gratis to all ports likely to make use of it and approves the present form and contents of the Weekly Bulletin ; it wishes to record its appreciation of the development and progress of the epidemiological activities of the Bureau under the direction of Dr. Brooke, whose energy and personal devotion to this side of the Bureau's work has enabled it to obtain the successful results recorded ; also to congratulate him on the issue of the second edition of the AA Code.

3. The Advisory Council notes with satisfaction the steady improvement in the system of wireless dissemination of intelligence which is largely due to the enquiries instituted at the last meeting and has resulted in considerable economies whilst at the same time extending the Bureau's sphere of operations and usefulness.

It views with especial satisfaction the development of telegraphic intelligence regarding infected ships and would urge on all administrations the necessity for a full measure of their assistance to and co-operation with the Bureau in this important matter.

4. The Advisory Council, in view of the progress made in wireless transmission and the economies already recorded which have been made possible largely through the generosity of the Governments of French Indo-China, Netherlands East Indies, British India, British North Borneo and Shanghai (Koukaza) ; in view of the fact that the information furnished by most countries is already given by many of them to the Press, and that instances have occurred where the decoded radio messages have been passed direct to the Press ; in view of the desire of ships at sea to pick up and interpret the coded Bulletin, is of opinion :

*(a)* That a résumé in clear of the weekly bulletin might with advantage be issued by the Bureau.

*(b)* That the broadcasting of this résumé within a limited area of the Eastern Arena should be arranged for forthwith.

*(c)* That the offer of the Netherlands East Indies that Bandoeng should issue this from January 8th should be accepted with thanks.

*(d)* That the offer of British India to re-broadcast this from Bombay and Madras if and when it is picked up from Bandoeng should be accepted with thanks.

*(e)* That the larger question of the broadcasting of such a résumé by one of the large European stations (*e.g.*, Rugby, St. Assise, etc.) with a view to its world-wide publicity should be investigated practically with the assistance of the Geneva Bureau.

5. The Advisory Council, having considered the report of the Finance Sub-Committee and approved of it, recommends that the budget of the Bureau for 1927 be fixed at a total sum of $79,682.40, that the budget proposition statement for 1928 be fixed meantime at $81,581.00 and that the Health Committee of the League be asked to approve of these and take cognisance of the fact that no allowance has been made for possible increase of expenditure should the Bureau function in conventional matters on behalf of the Office international.

6. The Advisory Council, having heard and considered the decision of the League of Nations Council at Geneva in regard to the future financing of the Bureau (*vide* Singapore Resolution VIII of 1926) and the statements of the various delegates in regard to present and future subventions in aid of the Bureau, feels compelled to record again its opinion that the future financial liabilities of the Bureau should be borne permanently by the Health budget of the League without prejudice to such subventions as may be made by any countries desirous of doing so. They have been led to reiterate this opinion because of the indications that exist that future contributions from certain States which were anxious to help the Bureau at its commencement are likely soon to be reduced or withdrawn. In doing this, however, they are agreed that such subventions should, wherever possible, be welcomed and encouraged, more especially from States which are non-contributors to the League, that they be paid to Geneva, and that such expenses as may be necessary in future to meet the cost of the Bureau on the expiry of the Rockefeller subventions should be provided for from the League Health budget within its stabilised amount.

7. The Advisory Council, having reviewed the question of co-ordination of international research (*vide* Resolution VII of 1926) in the light of the work done during 1926 or now in contemplation, has recorded the results of its discussion fully in the Minutes and in Appendix IV (see Annex 136, IV).

It is of opinion :

That the difficulties of doing this in Asia are greater than were perhaps realised when the resolution was framed.

That progress in the one research where co-ordination has been attempted has been very unequal.

That this is a side of the Bureau's activities which must dévelop slowly in Asia and cannot be forced.

That the Bureau will do much useful work in the line of co-ordination by playing the rôle of an exchange bureau for all papers published on subjects in which co-ordination is being attempted and that the arrangements for this should be undertaken by the Director.

That, in view of the difficulty now being experienced in obtaining a suitable permanent Director, the present organisation and staff of the Bureau are not in a position to fulfil all the requirements envisaged by the original resolution of 1926 and that meantime, at all events, it is inadvisable to attempt this.

The Council is further of opinion that much in the nature of co-ordination of work may be expected from expert Committees if they can be suitably constituted and are able to meet from time to time ; but, in view of the difficulties already described, the Council proposes to recommend that meantime only one such additional Expert Committee be set up in order to deal with plague research. The constitution of this Committee will be found in Appendix IV (see Annex 136, IV).

8. The Advisory Council, having considered item 4 of the agenda dealing with the suggestions transmitted by the Permanent Committee of the Office international d'hygiène publique, having heard a résumé of the position from the Chairman, and having considered and discussed the report of the Sub-Committee convened on January 8th, resolved as follows :

*(a)* That the report of the Sub-Committee be adopted (Appendix V (see Annex 136, V)).

*(b)* That a copy of it, together with a copy of this resolution, be forwarded to the Health Committee of the League of Nations, Geneva, as a formal reply to the suggestions of the Office already referred to.

## ANNEX 136, II.

### ADVISORY COUNCIL OF THE EASTERN BUREAU.

MINUTES OF THE SECOND SESSION HELD IN SINGAPORE, JANUARY 6TH TO 10TH, 1927.

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PROPOSED ESTIMATES OF THE BUREAU FOR THE YEAR 1927.

*Staff salaries.*

| | | Monthly SS. Currency |
|---|---|---|
| Director: | Salary | $1,000.00 |
| | Allowance 20 % | 200.00 |
| Deputy Director: | Salary | 625.00 |
| | Allowance 20 % | 125.00 |
| Statistician: | Salary | 480.00 |
| | Allowance 20 % | 96.00 |
| Financial Clerk, Grade I (200-15A-260): | Salary | 230.00 |
| | Allowance 15 % | 34.50 |
| Correspondence Clerk, Grade I (200-15A-260): | Salary | 200.00 |
| | Allowance 15 % | 30.00 |
| French-speaking Stenotypist: | Salary | 170.00 |
| | Allowance 15 % | 25.50 |
| Two Clerks, Grade II: | Salary at $120 | 240.00 |
| | Allowance 15 % | 36.00 |
| Two Clerks, Grade II: | Salary at $110 | 220.00 |
| | Allowance 15 % | 33.00 |
| Two Peons: | Salary at $19 | 38.00 |
| | Allowance 15 % | 5.70 |
| Liftman: Overtime allowance. | | 4.00 |
| | | $3,792.70 |
| | Yearly | $45,412.40 |

*Cables and Postage.*

| | |
|---|---|
| Cables | $18,580.00 |
| Postage | 420.00 |
| | $19,000.00 |

*Printing, Stationery and Equipment.*

| | |
|---|---|
| Printing | $1,500.00 |
| Stationery | 650.00 |
| Weekly Fasciculus | 2,950.00 |
| Half-Yearly Bulletin | 1,000.00 |
| Periodicals | 500.00 |
| Equipment | 150.00 |
| Books of reference | 200.00 |
| | $6,950.00 |

*Rent, Electricity and Telephone.*

| | |
|---|---|
| Rent | $3,000.00 |
| Electricity | 54.00 |
| Telephone | 166.00 |
| | $3,220.00 |

| | Monthly S.S. currency |
|---|---|
| *Travelling Expenses of the Director for Co-ordination of Research.* | $2,000.00 |

*Miscellaneous.*

| | |
|---|---|
| Medical Attendance to Staff | $200.00 |
| Audit Fees | 300.00 |
| Miscellaneous | 1,000.00 |
| Leave Pay and Passages | 1,500.00 |
| | $3,000.00 |

SUMMARY.

| | | |
|---|---|---|
| 1. | Staff Salaries | $45,412.40 |
| 2. | Cables and Postage | 19,000.00 |
| 3. | Printing and Stationery, etc. | 6,950.00 |
| 4. | Rent, Electricity, etc. | 3,220.00 |
| 5. | Travelling expenses of the Director for Co-ordination of Research | 2,000.00 |
| 6. | Miscellaneous | 3,000.00 |
| | | $79,582.40 |

C.H. 540. Appendix III.

## ANNEX 136, III.

## ADVISORY COUNCIL OF THE EASTERN BUREAU.

MINUTES OF THE SECOND SESSION HELD IN SINGAPORE JANUARY 6TH TO 10TH, 1927.

PROPOSED ESTIMATES OF THE BUREAU FOR THE YEAR 1928.

*Staff Salaries.*

| | | Monthly S.S. currency |
|---|---|---|
| Director: | Salary | $1,000.00 |
| | Allowance 20 % | 200.00 |
| Deputy Director: | Salary | 650.00 |
| | Allowance 20 % | 130.00 |
| Statistician: | Salary | 500.00 |
| | Allowance 20 % | 100.00 |
| Financial Clerk, Grade I (200-15A-260) | Salary | 245.00 |
| | Allowance 15 % | 36.75 |
| Correspondence Clerk, Grade I (200-15A-260) | Salary | 215.00 |
| | Allowance 15 % | 32.25 |
| French-speaking Stenotypist: | Salary | 185.00 |
| | Allowance 15 % | 27.75 |
| Two Clerks, Grade II: | Salary at $130 | 260.00 |
| | Allowance 15 % | 39.00 |
| Two Clerks, Grade II: | Salary at $120 | 240.00 |
| | Allowance 15 % | 36.00 |
| Liftman: Overtime allowance | | 4.00 |
| Two Peons: | Salary at $20 | 40.00 |
| | Allowance 15 % | 6.00 |
| | | $3,946.75 |
| | Yearly | $47,361.00 |

*Cables and Postage.*

| | |
|---|---|
| Cables | $18,580.00 |
| Postage | 420.00 |
| | $19,000.00 |

*Printing, Stationery and Equipment.*

| | Monthly S. S. currency |
|---|---|
| Printing | $1,500.00 |
| Stationery | 650.00 |
| Weekly Fasciculus | 2,950.00 |
| Half-Yearly Bulletin | 1,000.00 |
| Periodicals | 520.00 |
| Equipment | 180.00 |
| Books of reference | 200.00 |
| | $7,000.00 |

*Rent, Electricity and Telephone.*

| | |
|---|---|
| Rent | $3,000.00 |
| Electricity | 54.00 |
| Telephone | 166.00 |
| | $3,220.00 |

*Travelling Expenses of Director for Co-ordination of Research* .. .. .. .. $2,000.00

*Miscellaneous.*

| | |
|---|---|
| Medical Attendance to Staff | $200.00 |
| Audit Fees | 300.00 |
| Miscellaneous | 1,000.00 |
| Leave Pay and Passages | 1,500.00 |
| | $3,000.00 |

SUMMARY.

| | | |
|---|---|---|
| 1. | Staff Salaries | $47,361.00 |
| 2. | Cables and Postage | 19,000.00 |
| 3. | Printing, Stationery, etc. | 7,000.00 |
| 4. | Rent, Electricity, etc | 3,220.00 |
| 5. | Travelling Expenses of Director for Co-ordination of Research | 2,000.00 |
| 6. | Miscellaneous | 3,000.00 |
| | | $81,581.00 |

C.H. 540. Appendix IV.

## ANNEX 136, IV.

## ADVISORY COUNCIL OF THE EASTERN BUREAU.

MINUTES OF THE SECOND SESSION, JANUARY 6TH TO 10TH, 1927.

PROCEEDINGS OF THE SUB-COMMITTEE APPOINTED TO INVESTIGATE, DISCUSS AND CONSIDER THE INFORMATION AVAILABLE IN CONNECTION WITH ITEM 3 OF THE AGENDA DEALING WITH THE FUTURE DEVELOPMENT OF THE WORK OF THE BUREAU.

The Sub-Committee met on January 7th, 1927, at 3 p.m. It dealt with the development of the work of the Bureau, more especially in regard to the co-ordination of work on international problems of research (*vide* Resolution VII of 1926).

Present :

*Chairman* : Lt.-Col. J. D. GRAHAM, C.I.E., I.M.S.
*Members* : Hon. Dr. A. L. HOOPS ;
Dr. L. OTTEN ;
Dr. M. KATSUMATA ;
Hon. Dr. J. F. E. BRIDGER ;
Dr. F. H. GUÉRIN.

Also present :

The Director and Deputy Director.

At the plenary Conference, a very full discussion had already taken place on this item of the agenda, details of which will be found in the Minutes.

The Chairman then introduced the discussion by a précis of the present situation and of what had led up to it and at the same time placed before the Council the advantages and disadvantages of the Bureau's undertaking this work.

He had also outlined the steps taken in India since the Conference of Experts was held in Paris in June last ; described the various enquiries which were now in progress, outlined some of the results which had been attained, some of which were in the press or to be published soon. He had also traversed the ground dealt with in the report of Dr. Gautier dealing with his recent tours in connection with oral vaccination, and passed in review the position in Malaya, Australia, the Philippines, Netherlands East Indies, Chosen, French Indo-China, Ceylon and Japan. It was therefore not considered necessary to recapitulate the statements made before the plenary Session, but the Chairman, after recalling the nature of last year's resolution and the decision taken on it by the Health Committee regarding oral vaccination, proceeded to indicate the practical points which the Sub-Committee should deal with. These points comprised :

*(a)* The present position as regards oral vaccination as a result of the Paris Expert Committee's recommendations.

*(b)* A discussion on whether the time was ripe for the appointment of one or more Expert Committees on other subjects mentioned in the resolution, *e.g.*, plague, etc.

*(c)* A discussion on whether the present organisation of the Bureau was capable of seriously undertaking such co-ordination work, whether the Director could be spared to do so and whether the recent tours of Dr. Gautier had been of any serious value in regard to co-ordination.

Dr. Gautier gave his impressions of his visits to Java, Indo-China, China and Chosen and at the same time explained how and when the proceedings of the Paris Committee of Experts on oral vaccination had been distributed to the various Asiatic authorities interested.

It was obvious from the information received, part of which has been detailed in Dr. Gautier's report, that outside British India nothing serious had been attempted. There were reasons for this in regard to most of the countries concerned, these reasons being either habitual absence of cholera, as in Australia and the Netherlands East Indies ; or sporadic outbreaks only of this disease (cholera), as in Hong-Kong, Malaya and Ceylon : or difficulties in regard to adequate control owing to the population being heavily protected by inoculation, as in the Philippines ; or absence of opportunity to set the work going.

It was recorded that Dr. Otten will shortly publish a paper on oral and subcutaneous vaccination vis-à-vis dysentery in animals, and Dr. Bridger informed the Sub-Committee of a similar paper already published in 1925 by Dr. Lucius Nicholls in Ceylon. It was evident, however, that the conclusions of the Paris Committee giving the line of attack had been for too short a time in the hands of most Governments for this Committee to expect the initiation of any experiments. In this regard, it might be pointed out that the work in India was largely under way before the meeting in Paris had taken place.

It was evident that part of Dr. Gautier's tour connected with research co-ordination, apart from putting him into personal touch with workers and institutes, had been able to accomplish little in the way of co-ordination of results, as so little had been accomplished in regard to initiation of experimental research in this direction. This is quite intelligible to those of us who control national researches, as various problems known only to individual administrations must always take precedence in any schemes of national research. In other words, if research on international problems is being done by national institutes and workers, the individual Governments concerned have a right to first call on their workers. This aspect of the question must be carefully borne in mind by those with European experience only, as throughout Asia, with the exception of Japan, the labourers in the field of research are few in comparison with the problems to be tackled. It was felt that, on this particular problem of oral vaccination, there was much diversity of opinion regarding its value but that the primary duty of those countries which had materials to work on was to try to prove or disprove its value as soon as possible.

The Chairman at this stage referred in more detail to the reports from India, more especially the précis written by Major Russell, I.M.S., regarding Madras work ; Dr. Tomb, regarding Asanol work ; Dr. Brahmachari, regarding Bengal work ; and Lt.-Col. Dunn, I.M.S., regarding work in the United Provinces.

The Sub-Committee was agreed that, in order to attain the best results from such co-ordination, the personal contact of a Director of the requisite scientific calibre was probably the quickest and the surest method, but, in view of the fact that no permanent Director had yet been appointed, and that considerable difficulty had been experienced in finding a man

who was suitable, this aspect of the Bureau's organisation should be carefully considered in recommending any further extensions in this direction.

The Chairman explained his ideas of how special representatives could be added to the Oral Vaccination Committee of Experts, as, for example, Prof. A. N. Kingsbury for Malaya. This seemed to present no serious difficulty. He also outlined how, in his opinion, a skeleton Expert Committee could be formulated on paper and be asked to function when opportunity offered.

The Sub-Committee accepted this line of development and agreed to the creation on paper of an Expert Committee on Plague similar to that already existing for oral vaccination, this Committee being designed to meet for the first time probably in December 1927 at the time of the Far Eastern Association of Tropical Medicine Congress in Calcutta.

In view of the work already done or in progress in India and of the report by Lt.-Col. Dunn[1], the Committee was constituted as follows, with power to add to its numbers when it first met :

*Provisional Chairman* : Lt.-Col. F. P. Mackie, O.B.E., I.M.S., Haffkine Institute, Bombay.

*Members* :
Lt.-Col. W. H. C. Forster, I.M.S., Director of Public Health, Punjab ;
Dr. L. Otten, Netherlands East Indies ;
Dr. Fabian Hirst, Ceylon ;
Dr. F. H. Guérin, French Indo-China ;
Dr. Wu Lien-Teh, China (Manchuria) ;
A Plague Expert from Japan.

As it was unlikely that this Committee would meet until December 1927, it was thought that, during the intervening period, the Bureau might be able to assemble a statement of the work already done on this throughout Asia. This, however, must largely depend on the personality of the new permanent Director.

A note was submitted to the Sub-Committee : (No. 53713/45658) "Suggestions for a Survey by a Commission of the League of Nations to study Epizootics among Tarabagans", by Dr. Wu Lien-Teh. As neither the Sub-Committee nor the plenary Committee was competent to deal with this at this stage, it was suggested by the Sub-Committee that it should be submitted in due course to the Committee of Plague Experts for consideration by them at their first meeting.

In view of the work already recorded and of that projected, it was deemed expedient (proposed by Dr. Hoops, seconded by Dr. Bridger, carried unanimously) to provide in the budget estimates for both 1927 and 1928 a sum of $2,000 to meet the travelling expenses of the Director of the Bureau in connection with the work of co-ordinating research.

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## ANNEX 136, V.

### ADVISORY COUNCIL OF THE EASTERN BUREAU.

Minutes of the Second Session, January 6th to 10th, 1927.

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Proceedings of a Sub-Committee on Item 4 of the Agenda, " Consideration of Suggestions transmitted by the Permanent Committee of the Office international d'hygiène publique ".

The Sub-Committee was constituted at the forenoon session on January 8th and met at 2.45 p.m. on the same day.

*Chairman* : Lt.-Col. J. D. Graham, C.I.E., I.M.S., India.

*Members* :
Hon. Dr. A. L. Hoops, Straits Settlements ;
Dr. Ira Ayer, Siam ;
Dr. L. Otten, Netherlands East Indies ;
Dr. M. Katsumata, Japan ;
Dr. J. B. Addison, Hong-Kong ;
Dr. F. H. Guérin, French Indo-China.

Also present :

The Director, Deputy Director and a Japanese interpreter.

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[1] Report on the Geographical Distribution and the Seasonal Prevalence of Rats and Rat-Fleas in the United Provinces, India, in 1926, by Dr. Mital, under the direction of Lt.-Col. Dunn, I.M.S., D.P.H., of the United Provinces.

Dr. C. R. Eskey, who was leaving Singapore next day, was permitted to attend as observer.

The CHAIRMAN, in opening the proceedings, recapitulated in detail the various developments that had taken place since June last when the Convention was signed in Paris. Copies of the English and French texts, together with the articles with which the Sub-Committee was especially concerned, and also a copy of the suggestions for opinion from the Office had been circulated to all members.

The Chairman, after reading the printed matter at page 51[1] of the Supplementary Report to the Seventh Assembly of the League (A.6 *(a)*, dated August 31st, 1926), gave a general explanation regarding the principles involved by this delegation of work and indicated on what lines the discussion should proceed with a view to crystallising the opinion of the Council on all points raised by the Office. For purposes of procedure, it was considered advisable to commence a study of the Office document along with the articles to which it referred, *i.e.*, 1 to 7, 9, 12, 14 to 16, 28, 50, 57 and 151. The conditions under which the Council has been asked to give its opinion were clearly defined, and it was urged that the individual opinions of members on this matter were in no way committal in so far as the respective Governments were concerned. The opinions of individual Governments were not known at present and would require to be ascertained if the subject were pursued. Further, a very free expression of opinion was invited on all points pertinent to the discussion on which Far Eastern experience and opinion were desirable.

After the implications of the afore-mentioned articles had been investigated in detail in so far as they concerned the delegation by the Office to the Bureau of such powers as would enable it to fulfill the terms of the various articles, the CHAIRMAN reviewed the most important points before proceeding to a general study of the European documentation regarding this[1]. The question of confidentiality in regard to information was discussed fully, more especially in regard to Article 16. Whatever may be the position and practice in Europe, the general sense of the Sub-Committee was that practically no information which was likely to be transmitted in the Far East was in any way confidential, even in the sense mentioned in the Office note. In most cases, such information is already published in the official *Gazettes* immediately, sometimes in *Gazettes* "extraordinary", and is given freely both to newspapers and to shipping companies in the Straits Settlements, Dutch East Indies, Japan, French Indo-China, India and Hong-Kong (which countries were represented on the Sub-Committee).

Dr. ESKEY, of Manila, informed the Sub-Committee that practically the same procedure applied in the Philippines. Under these circumstances, it was difficult to understand why any such measures should not be communicated to the Bureau as being of a non-confidential nature. The Sub-Committee wished to record its opinion on this point in so far as concerned the Far East.

The examination of and discussion on the document containing the Office suggestions elicited the following opinions from the Sub-Committee :

In regard to Item 1, all the members were unanimous that their countries would probably desire to utilise the Bureau for Convention purposes. It was realised, however, that other members of the Council would require to be interrogated on this point when the Sub-Committee's report was presented for adoption. Speaking generally, however, it was fairly obvious that, after making allowance for collection of data by the new Austral-Pacific Sub-Centre at Melbourne, approximately two-thirds of the remainder of the Eastern Arena would probably wish to utilise the Bureau. It was obvious that no exact information regarding countries not represented on the Council could be obtained at this juncture; but it was considered extremely unlikely that such States and countries as those on the East African seaboard and as far north as Egypt and west as Iraq and perhaps Persia would wish to utilise the Bureau. The position, however, was different in regard to areas from Aden through Singapore to Vladivostock. The telegram received from the President (Dr. Cumpston) of the Melbourne Conference expressly stated that the new Austral-Pacific Sub-Centre would not replace the work now being carried out by the Singapore Bureau, which would be strengthened by fuller Austral-Pacific information ; further, that the system was recommended without prejudice to future decisions as to whether the Australian Commonwealth Health Department should also act as agent through which information under the 1926 Convention would be normally collected and transmitted from Austral-Pacific territories to Paris either directly or via Singapore.

It was obvious that, as at least two-thirds of the present area would desire to utilise the Bureau, there was therefore a clear case on geographical grounds for some arrangements being made. The following is a list of the countries whose delegates considered that they would be desirous of utilising the Bureau :

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[1] The documentation previously mentioned consisted of the draft agreement as outlined at page 51 of the Supplementary Report to the Seventh Assembly (A.6 *(a)*, dated August 31st 1926). Dr. Pottevin's report to the Office, the memorandum of Sir George Buchanan to the Office for the October session, the proceedings, so far as known, of the special Sub-Committee which was reporting to the Office in April; and, finally, a statement made at the October session of the Office by the United States delegate on the subject of the arrangements to be made with other sanitary organisations.

| | |
|---|---|
| British India, | Hong-Kong, |
| British North Borneo (Sarawak and Brunei), | Japan, |
| Ceylon, | Kwantung, |
| China, | Macao, |
| Chosen, | Netherlands East Indies, |
| Federated Malay States, | Portuguese Indies, |
| Formosa, | Portuguese Timor, |
| French Establishments in India, | Siam, |
| French Indo-China, | Straits Settlements, |
| | Unfederated Malay States. |

Regarding Item 2 of the Office letter, the Sub-Committee was of opinion, after careful consideration.

*(a)* That the collection and distribution of information required under Articles 1, 2, 3, 4, 6, 12 and 16 should be undertaken by the Bureau ;

*(b)* That the information under Article 5 should be the reponsibility of the Office ;

*(c)* That the information under Articles 9, 14, 28, 50 and 57 be furnished by the Governments concerned direct to the Office for disposal. The only dissentient to this on the Sub-Committee was the representative of Japan, who wished all the information under these articles of the Convention to be passed through the Singapore Bureau.

As regards the observations under headings A, B, C, of the Office note, the Sub-Committee agreed as follows :

A. *Sub-paragraph* 1.—It was realised that information *re* first cases could concern territories as well as ports ; but already, as will be seen from the Annual Report, certain countries were giving full information voluntarily regarding their territories and this is a procedure which is likely to increase rather than diminish. At the same time, it was not considered by the Sub-Committee advisable that any definite request for such information should be made in the meantime by the Bureau with a view to paving the way for any future agreement which would concern the ratifying Powers only. The information required under the Convention will be mandatory, and, until such time as it is required, matters may be allowed to evolve on present lines.

*Sub-paragraph* 2.—The Sub-Committee agrees that a weekly telegram for the purposes of the information received under Articles 1, 2 and 6 should be sufficient. The Sub-Committee considers it essential that all such direct communications should be sent to the heads of the various health services. These officials are at present being addressed by the Bureau in regard to routine communications and this procedure should be continued. It was considered that the technical head was the best medium of correspondence for the Bureau, that only one channel of communication with each country should exist, and that such a system would make for simplicity and rapidity by ensuring that the Director of the Bureau was in contact with one set of authorities only. So far as British Colonies were concerned, an arrangement of this kind could probably be arrived at easily in consultation with the Colonial Office. The actual designations of the chiefs or heads concerned was a matter of detail, which could easily be ascertained if the information does not already exist in the Bureau. It was agreed that the re-transmission of wired information to diplomatic agencies in Paris was the duty of the Office but, so far as this Bureau was concerned, there appeared to be no objection to the Bureau telegraphing this information to the chief health authorities.

The question of what areas should immediately telegraph communications to these public health authorities was considered and it was agreed that this was a matter which must be left to the Bureau to decide, subject to the requests or representations made by different Governments when the agreement was formulated. As the actual grouping of the present intelligence system might not be suitable or agreeable to the various administrations, it was realised that the details of this would have to be considered in consultation with the Governments concerned.

*Sub-paragraph* 3.—The confidential nature of information communicated under Articles 3, 6, and 16 has already been touched upon. This was considered very carefully from every aspect, and the Sub-Committee had difficulty in understanding why any such information, so far as the Far East was concerned, should be considered "confidential". Some of the reasons for this have already been given, and perhaps the procedure of official *Gazette* notifications and immediate publications in the Press and in some cases intimations to shipping companies is somewhat different from that obtaining in Europe. It is obvious that, if information labelled "confidential" was transmitted through the Bureau, such would have to remain "confidential", but it is not anticipated, having regard to existing practice, that any of the information required under these articles of the Convention would be classed as such in the Far East. Since the creation of the Bureau, the intelligence furnished to it has

been conspicuous for its frankness. The remarks in this regard in Dr. Pottevin's report were considered by the Sub-Committee before coming to this conclusion.

Further, the fact that such notifications would probably receive publication on the front page of the Singapore Fasciculus was an additional factor in guiding the Sub-Committee to this decision.

*Reference Paragraph* B.—There would be no difficulty in regard to a weekly publication of such information in the Fasciculus, either as a special notification on behalf of the Office or under the signature of the Director of the Office, the same having been communicated by weekly telegram to the Office before publication. It was, however, represented to the Sub-Committee, on the authority of information from the Director of the Health Section of the League, that Dr. Pottevin and the Technical Sub-Committee had asked him to say very emphatically that, though the Bureau would have to communicate each week to the Office by wire the text of this confidential bulletin in advance of publication, this did not mean that the authorisation of the Office must be obtained before its publication. If "confidential" information were published on the first page of the weekly Fasciculus, there is little doubt that it would limit materially the range of distribution of this publication. It was noted that the form of publication would be determined by the Committee of the Office. This, however, would be presumably subject to the approval of the Advisory Council, as any restriction of the value of the Fasciculus from an epidemiological standpoint might be viewed adversely.

*Reference Paragraph* C.—The Sub-Committee agreed (Dr. Katsumata dissenting) that the information under Articles 9, 14, 28, 50 and 57 should be collected direct by the Office. Some of this information is extraordinary, *e.g.*, Article 9, and would eventually find its way from the Office bulletin into the League bulletin unless it was communicated at once to the Governments concerned. The rest of this information will be collected annually and can be formulated at leisure and posted by the administrations concerned. There is no apparent reason why the Bureau should be burdened with the collection of this. Though it is recognised that much of it will be already in the possession of the Bureau, it is obvious that for any annual note a statement corrected up to date will require to be called for from all the countries concerned. This the Sub-Committee considers can be more easily and effectually done as it has indicated. The Sub-Committee noted the suggestion that the Bureau should be invited to collect the documents in accordance with a scheme to be drawn up by the Office. The question of whether a document similar in character to the annual official volume should be issued for the Far East by the Bureau was considered and the Sub-Committee unanimously resolved that this would lead to over-documentation, and that it was unnecessary.

The next point considered was the ability of the Bureau, with its present staff and organisation, to accept the collection and distribution envisaged in the preceding notes. The Director, at the request of the Sub-Committee, had prepared a statement on this which is as follows :

> "You have asked me to give you my opinion on the question whether the Eastern Bureau as at present constituted would be able to discharge the duties which might be entrusted to it as soon as the Convention of 1926 has come into force. I consider that these duties are defined by paragraphs 1 to 6 of Chapter II (pages 1 and 2) of the document submitted by the Office international d'hygiène publique to the Advisory Council. Only paragraphs 2, 3, 5 and 6 deal with subjects on which the Bureau does not at present furnish information in its weekly Fasciculus.
>
> "The new obligations would include (1) the reception of data ; (2) their transmission.
>
> "1. Since it will be made obligatory to supply information, it will reach the Bureau without it being necessary to take steps to ensure its despatch. In consequence, part of the present work of the Bureau will be reduced, as our principal task up to the present has been to obtain information, most of which will be furnished to us automatically under the terms of the Convention.
>
> "2. The transmission of data to Geneva or Paris, as well as the notifications to be addressed to the principal health authorities of the participating countries, are duties which the Bureau can undertake with its present staff.
>
> "I propose that the Director, the statistician, the coding clerk and one statistical clerk (knowing French) should be entrusted with the work resulting from the entry into force of the Paris Convention.
>
> "As regards the expenses necessitated by the new obligations devolving on the Bureau, I have stated before the Budget Sub-Commission that, in the budget estimates, for 1927 and 1928, under the Item ' Cables and Postage ' no account was taken of a possible increase of expenses caused by the arrangements to be made with Geneva and Paris in 1927 and by the information service contemplated under the Convention. I take, therefore, the liberty of repeating here the reservation which I made before the Budget Sub-Commission."

The CHAIRMAN personally expressed his opinion that it was absolutely essential in a Bureau of this kind that both the Director and Deputy Director should have a first-class working acquaintance with either English or French, or preferably both. The absence of

the Director from time to time, owing to his duties in connection with the co-ordination of research, would appear to be a further reason in favour of this, and the Sub-Committee, while recognising that this might be a temporary phase in the Bureau, was agreed that this aspect of the question must not be overlooked in undertaking further responsibilities.

*Summary.*—The points raised in the Office note have been dealt with *seriatim* by the Sub-Committee, without prejudice to the attitude which the respective Governments will have to take on these points later and without attempting to limit the area of the Bureau's present epidemiological activities. The Sub-Committee agreed :

That the Bureau is suitable for undertaking such Convention duties as those indicated ;

That, in view of the area desirous of being served in this respect by the Bureau on behalf of the Office, a very definite case has been made out for some arrangement being entered into for the purpose indicated ;

That, in the preparation of any such arrangement or agreement, every assistance and information in regard to further details will be furnished by the Bureau and its Advisory Council in so far as this is practicable ;

That the confidential nature of certain information asked for under the Convention does not seem to apply to the Far East in the same way as it apparently would appear to do in other countries ;

That the organising of the superior technical side of the Bureau is of the utmost importance in this connection as accurate and delicate secretariat work will be essential ;

That, while expressing its opinion in the manner stated, it does not propose to start any machinery for this work or to enter into any correspondence concerning it till such time as further instructions have been received from the Health Committee of the League of Nations and more detailed proposals regarding the negotiations contemplated have taken place in Europe.

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C.H. 545.

## ANNEX 137.

### FUTURE CONSTITUTION OF THE EASTERN BUREAU.

*Letter from the Chairman of the Advisory Council of the Singapore Bureau to the Medical Director.*

Singapore, January 13th, 1927.

At the second session of the Advisory Council of the League of Nations, Health Section, Eastern Bureau, which terminated on the 11th instant, an informal discussion took place at my suggestion regarding the future constitution of the Advisory Council. As the matter was not on the agenda and as members were not prepared, the exchange of views was not very helpful ; but the one thing which emerged from the discussion was a desire on the part of members of the Council to get to grips with this question at an early date. As you will remember, the matter was placed in the minutes of the January 1926 meeting with the request that delegates should ask their respective Governments to communicate on this matter. Up to date, I understand, no communications on this have been received either in Geneva or Singapore. It is perhaps a difficult matter for Governments to advise upon without having definite suggestions before them. The general sense of the members of the Council, however, was to the effect that a letter should be addressed to you by me with a request that the wishes of the Health Committee on this matter be communicated, and more especially whether the Health Committee desired that the future constitution of this Council should follow the lines of League procedure at Geneva. If so, then the members desired to be informed of the exact nature of this procedure. If, on the other hand, this was not necessarily desirable, would the Health Committee have any objection to this matter being placed upon the agenda for the next meeting of the Council one year hence, so that the various concrete issues which it involved might be raised and some finality arrived at.

(*Signed*) J. D. Graham, Lt.-Col., I.M.S.,
*Chairman, Advisory Council,*
*League of Nations Health Section,*
*Eastern Bureau.*

Passed through this Bureau at Singapore :
(*Signed*) J. D. Graham,
13. 1. 27.

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C.H. 544.

## ANNEX 138.

### CHOLERA IN INDIA.

*Letter from Sir Leonard Rogers, F.R.S., to the Medical Director.*

London, January 31st, 1927.

I am sending you a reprint of a paper on Cholera Epidemiology in India, and a proof of a lecture I delivered last Friday on " The Forecasting and Control of Cholera Epidemics in India ", while a 200-page typed paper with over 30 illustrative maps and charts, the result of two years' hard work at over sixty years' Indian records, will appear before long in the *India Journal of Medical Research*, dealing with the general aspects of the question and of each Indian province.

You will see from the last page of the lecture that this is one of the twelve-yearly very large Kumbh Fairs at Hardwar, with an attendance of one to two million, and that it almost invariably spreads cholera broadcast over the Punjab, with grave danger of its travelling through Afghanistan to South-east Russia and Europe, as in 1892, when the pandemic arose at the Hardwar Fair. I am strongly urging that the Punjab, and consequently Europe, can be protected against such epidemics by the simple expedient of inoculating the Punjab pilgrims in their own districts *before* they go on their dangerous journey to Hardwar, and I understand that a cable has been sent to India on my paper, while the sanitary authorities, Colonel Graham, and also Colonel Gill, Director of Public Service in the Punjab, were at my first paper last year, while the danger is also being brought to the notice of the administrative authorities.

As I believe your Health Committee of the League of Nations has already discussed this question, I thought you might be interested to know of my researches on the subject, which completely disprove the century-old idea that cholera epidemics all spread over India from Bengal, although I started my enquiry firmly imbued with that idea. The Hardwar Fair begins in March and reaches its climax about the middle of April, so there is no time to be lost if my suggestion is to be carried out this year, which is very favourable for a trial, more so than will occur for another twelve years. I do not know if your Committee can do anything to urge the Indian authorities not to lose this great opportunity of preventing epidemic cholera in the Punjab, with possible spread to Europe, by the simple expedient of compulsorily inoculating some 50,000 or so of the Punjab pilgrims attending a Hardwar Kumbh Fair, which would only mean a few thousand in each district spread over a number of hospitals, so quite feasible, as Colonel Gill recognises ; but, if you can do anything, there is no time to be lost. In the Hardwar Kumbh year 1879, 1,065 of 52,419 pilgrims from eighteen Punjab districts died of cholera on the three-weeks journey to Hardwar and back, and infected all their districts, with over 27,000 deaths : all easily preventable by inoculation, if only the authorities can be induced to enforce this simple measure.

(*Signed*) Leonard Rogers, F.R.S.

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C.H. 556.

## ANNEX 139.

### REPORT TO THE COUNCIL ON THE WORK OF THE NINTH SESSION OF THE HEALTH COMMITTEE.

#### A. Constitution of the Committee and of its Commissions.

I.

In conformity with the provisions of its constitution, the Health Committee decided to nominate four public health experts as assessors and to submit these nominations to the Council of the League ; accordingly, the following resolution was adopted :

" The Health Committee nominates the following public health experts as assessors

and submits these nominations to the Council of the League of Nations for appointment as members of the Health Committee :

" Dr. Jean CANTACUZENE, Professor of Bacteriology and Director of the Institute of Experimental Medicine at Bucharest (Roumania).
" Dr. Bernhard NOCHT, Rector and Professor of the University and Director of the Institute of Tropical Hygiene and Medicine at Hamburg (Germany) ;
" Dr. Donato OTTOLENGHI, Professor of Hygiene at the University of Bologna (Italy) ;
" Dr. Gustavo PITTALUGA, Professor of Parasitology at the University of Madrid (Spain).

" The Committee decides to request the Council of the League of Nations to authorise it to invite expert assessors to take part in the work of the Committee in an advisory capacity, and proposes the following names :

" Dr. Alice HAMILTON, Professor of Industrial Hygiene at Harvard University, Cambridge (United States of America) ;
" Professor C. E. A. WINSLOW, President of the American Association of Public Health and Professor of Biology and Bacteriology at Yale University, New Haven (United States of America) ;
" Dr. J. H. L. CUMPSTON, Director-General of the Commonwealth Department of Health, Melbourne (Australia).

" The Committee notes with satisfaction that its Japanese member will propose shortly the name of a fourth expert assessor."

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II.

In accordance with the provisions of Article 10 of its Rules of Procedure (Appendix 1), and after having considered the constitution of its commissions and conferences of experts :

The Health Committee decides :
To continue the Malaria and Permanent Standards Commissions as at present constituted ;
To postpone action in regard to the Cancer Commission in the absence of its Chairman ;
To ask the Chairman of the Public Health Instruction, Smallpox and Vaccination, Opium, Tuberculosis, Far Eastern and Anthrax Mixed Commissions to act as Rapporteurs on these subjects in the Health Committee ;
To continue the expert commissions as now constituted, namely, the Expert Commission on Child Welfare, the Expert Commission on Sleeping-Sickness and Tuberculosis in Equatorial Africa, and the Commission of Statisticians ;
To constitute an expert commission on health insurance under the conditions described in the following resolution.

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III.

The Health Committee considered a note of the Medical Director in regard to the plans for the study of health insurance and public health administration initiated by the proposal of the Czechoslovak delegation to the sixth ordinary session of the Assembly, and the following resolution was adopted :

" The Health Committee :

" (1) Decides to set up a Commission of Experts to consider the most effective methods of collaboration between health insurance organisations and the public health services, half of the members of such commission to represent the public health services, the remaining half to represent health insurance organisations ;

" (2) Considers that the members of the Commission representing the public health services should be selected by the Health Organisation, which is the normal agency of collaboration between such services, and invites its Bureau to make these nominations. The members of the Commission representing health insurance organisations should be selected by the Governing Body of the International Labour Office, which acts on their behalf ;

" (3) Decides that the scope of work of the Commission shall relate to a study of the possibilities of collaboration between the public health services and the services of the health insurance organisations ;

" (4) Proposes that the Commission of Experts shall be constituted and convened at as early a date as possible ;

" (5) Suggests that the Commission of Experts should take no definite decisions before the conclusion of the International Labour Conference to be held in Geneva during May and June 1927, as the subject of health insurance will be considered by that Conference ;

" (6) Proposes a joint secretariat for the Commission of Experts composed of members of the Health Section of the Secretariat of the League of Nations and members of the Social Insurance Services of the International Labour Office, headed on the one hand by the Medical Director of the Health Organisation and on the other by the Chief of the Division of Research of the International Labour Office."

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IV.

The Health Committee, having considered the methods which might be adopted to co-ordinate its work and that of the Committee of the Office international d'hygiène publique, decides to propose to the Permanent Committee of the Office the adoption of the following methods :

I. *(a)* All questions relating to the application of the International Sanitary Convention of June 21st, 1926, are within the sole competence of the Office international d'hygiène publique, subject to such agreements as it may conclude in virtue of Article 7 of the Convention.

*(b)* All questions submitted to the Health Committee of the League of Nations by its members, by the League of Nations or by a Government are within the competence of the Health Committee.

II. Subject to the exceptions above indicated, the agenda of each session of either of the Committees shall be settled by its President after consultation with the President of the other Committee.

III. The right to place questions on the agenda of either Committee belongs equally to the members of both Committees.

Any question raised in either of the Committees by one of its members shall be the subject of a preliminary discussion by that Committee before it is taken up for study.

Questions taken up by the Permanent Committee of the Office international d'hygiène publique which require preliminary technical study shall be submitted for such study to the Health Committee of the League of Nations.

After such studies and investigations as it may deem necessary, the Health Committee of the League of Nations shall have prepared a technical report embodying conclusions.

After taking a decision, the Health Committee will transmit the report and conclusions to the Committee of the Office international d'hygiène publique, namely, when the original question was raised in the Health Committee in such cases as the conclusions require administrative measures to be recommended to Governments, and in every case when the original question was raised in the Committee of the Office international.

The members of the Committee of the Office international shall receive these documents sufficiently in advance of the session at which they will be discussed to enable each member to secure from his own country any information or any consultation with experts or public health authorities which may be deemed necessary, or to obtain, if need be, instructions from his Government.

With regard to questions raised in the Committee of the Office, decisions reached by this Committee shall be communicated to Governments by the Office. With regard to questions raised directly before the Health Committee, the Committee of the Office will communicate its advice to the Health Committee, which will take the necessary decisions and communicate such decisions to Governments through the organs of the League of Nations.

IV. The Committee of the Office international, acting as Advisory Council of the Health Organisation of the League of Nations and in conformity with previous agreements, shall continue to be informed of the work of the Health Committee of the League of Nations.

Similarly, the Committee of the Office shall communicate information with regard to its own work to the Health Committee of the League of Nations.

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B. Budget Estimates for 1928.

V.

1. The Health Committee approves the budget estimates for 1928 as established by the Budget Commission. The total amounts to 1,003,485 francs for 1928, as compared to 996,700 francs for 1927.

2. The Health Committee, considering the large credits necessary for liaison purposes, and particularly for interchanges in Latin-America and the Far East, and the fact that the budget of the Health Organisation is fully pledged for its present activities ; and

Noting that certain credits have been set aside by the Assembly for purposes of collaboration of the League of Nations with Latin-America :

Decides to draw the attention of the Assembly to the necessity of allocating additional credits to the Health Organisation should the Assembly entrust to the Health Organisation new activities in Latin-America and the Far East.

3. The Health Committee, taking note of the increasing activity of the Health Organisation, which results in additional responsibilities and growing pressure upon the staff of the Health Section, whose numbers have not been increased to a corresponding extent, adopts the following resolution :

" The Health Committee, having regard to the continued expansion of the work of the Health Organisation and the increasing demands made upon it at the instance of the Assembly and the Governments for enquiries, the organisation of conferences and the collection of information, invites the attention of the Council to the fact that the staff of the Health Section has not been increased commensurately with the expansion in the volume and the importance of the work undertaken."

4. Taking note of the resolution adopted by the Assembly during its seventh ordinary session in regard to the heavy expense entailed by the publication of the Minutes of the Advisory Committees and Conferences convened by the League, and the desirability of considering whether the publication of the discussions of such Advisory Committees and Conferences would not frequently be better effected by means of a detailed report giving as exactly as possible an account of their work, the Health Committee adopted the following resolution :

" The Health Committee :

" Is of the opinion that the Minutes of its commissions and conferences of experts need not be published ;

" Considers that the Minutes of its own sessions furnish the only authoritative account of the views of its members on questions submitted to the Committee by the Assembly and the various Health Administrations ; and

" Decides to restrict the publication of Minutes of the Health Organisation to those of its own sessions."

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## C. Service of Epidemiological Intelligence.

### VI.

The Health Committee, having taken account of the information collected on the prevalence of and mortality from influenza in various countries, and of the methods used to transmit such information to the Health Administrations, adopted the following resolution :

" The Health Committee :

" Welcomes the action taken in regard to the collection of information on influenza from the various Health Administrations which have responded generously to all requests ;

" Considers that the first broadcasting of such information by wireless has demonstrated the utility of this method ;

" Express its appreciation of the generosity of the Transocean Wireless Company in transmitting the Health Organisation's messages on influenza through the Nauen Station ;

" Requests the Medical Director to secure from the various Health Administrations all available information in regard to the prevalence, movement, mortality and prophylaxis of the present outbreak of influenza to be embodied in a report to be presented at a subsequent session."

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### VII.

The Health Committee, noting with satisfaction that the *Weekly Bulletin* of its Eastern Bureau at Singapore is broadcasted every week by the wireless station at Nauen, adopted the following resolution :

" The Health Committee desires to express its appreciation to the competent authorities of the German Government for their generosity in agreeing to broadcast the *Weekly Epidemiological Bulletin* through the Government station at Nauen."

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VIII.

The Health Committee after examining the provisional draft agreement based on Article 7 of the International Sanitary Convention of Paris, 1926, and prepared by the Bureaux of the Office international d'hygiène publique and of the Health Committee of the League of Nations, approves, as far as the Health Committee is concerned, this provisional draft agreement in the following from :

" The Permanent Committee of the Office international d'hygiène publique and the Health Committee of the League of Nations are agreed on the following means which seem to them the best adapted to facilitate the accomplishment of the task entrusted to the Office by the International Sanitary Convention of Paris, 1926 :

" (1) The Governments may effect the notifications provided for by the Convention and intended for the Office international d'hygiène publique by means of one of the regional bureaux of the League of Nations.

" (2) The communications provided for in Articles 1, 2, 3, 4, 6, 9, 12, 14, 16, 28, 50 and 57 of the Convention which are transmitted directly to the regional bureaux of the League of Nations shall be sent immediately by these bureaux to the Office international d'hygiène publique. These communications shall be transmitted simultaneously by these bureaux direct to all the public health administrations with which they have relations.

" (3) The *Weekly Records* and the periodical bulletins of the Service of Epidemiological Intelligence of the League of Nations will publish on the first page, in the name of the Office international d'hygiène publique, the Official Bulletin of notifications and the information provided for in Articles 1, 2, 3, 4, 6, 9, 12, 14, 16, 28, 50 and 57 of the Convention, previously communicated by the Office international d'hygiène publique.

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D. Eastern Bureau of the Health Organisation.

IX.

The Health Committee, having examined the Report on the Work of the Second Session of the Advisory Council of the Eastern Bureau held at Singapore from January 6th to 10th, 1927, including the resolutions and annexes, adopts the following resolutions :

" I. *Study of the suggestions transmitted by the Permanent Committee of the Office international d'hygiène publique with regard to the work which might be entrusted to the Singapore Bureau in order that it might fulfil, for the countries within its area and according to the rules laid down by the Committee of the Office and under the responsibility of the Office, certain of the duties which were entrusted to the Office by the International Sanitary Convention of* 1926 *with the reservations contained in the provisions of the last paragraph of Article* 7.

" *(a)* That the Singapore Bureau, in conformity with the suggestions of the Office international d'hygiène publique, may be charged with the duties entrusted to the Office by Articles 1, 2, 3, 6, 9, 12, 14, 16, 21, 28, 50 and 57 of the Convention, it being understood that the duty of the Bureau will be limited to the reception, centralisation and dissemination of the information received, the nature of which is described in the annexed memorandum (Appendix 2) ;

" *(b)* That letters shall be addressed to all Governments participating in the work of the Singapore Bureau asking them if they are willing to transmit the notifications and information described in the above-mentioned articles by means of the Singapore Bureau ;

" The Committee learns with satisfaction that, in the event of the Governments represented at the Sanitary Conference of the Pacific Islands held at Melbourne in December 1926, deciding to constitute an epidemiological intelligence sub-centre for the Austral-Pacific zone, the Melbourne centre would appreciate the advantages of establishing close relations with the Singapore Bureau and would communicate through that Bureau all the notifications and information with which the Convention is concerned which the centre may receive. Indeed, in the opinion of the Committee, there would be every advantage in following this procedure, which, while providing for the development of a service of epidemiological intelligence for local needs, would make use of the machinery of the Eastern Bureau of the Health Organisation of the League of Nations.

" II. *Routine Work of the Bureau.*

" The Committee approves the resolutions of the Advisory Council regarding the dissemination of epidemiological intelligence to all the ports, the broadcasting of such intelligence, and particularly the wireless transmission of a summary of the *Weekly Bulletin* in clear, as well as the co-ordination of research in Asia on the problems of public health which have an international bearing.

" III. *Constitution of a Committee of Experts to consider Research on Plague.*

" The Health Committee accepts the suggestion of the Advisory Council that the co-ordination of research mentioned above will derive considerable advantage from the

setting up of expert committees, and it approves the proposal for the constitution of a new Committee of Experts which will undertake the study of research on plague. The Committee accepts the proposal with regard to the nomination of experts put forward by the Advisory Council, proposes to complete the composition of the Committee by the addition of other experts, and decides to convene the members at a convenient date to be arranged with the President of the Advisory Council, the constitution of this Committee of Experts being determined by Article 10 of the Rules of Procedure of the Health Committee (Annex 1).

" IV. *Budget Estimates of the Bureau for* 1927 *and* 1928.

" The budget estimates of the Bureau for 1927 and 1928 are approved, including the new item of 2,000 Straits dollars to cover expenses of travelling under the general heading ' Travelling expenses, expenses for the co-ordination of research and removal expenses ' and with the modification of the item for the Director's salary, which is increased to a total of 18,000 Straits dollars a year.

" The Committee desires to draw the attention of the Advisory Council to the necessity of establishing a scale of salaries for all employees under the grade of deputy director with maximum rates which should not be exceeded.

" The Committee wishes to express its satisfaction to the public health administrations which have made known their intention to contribute to the budgets of 1927 and 1928 and especially to the following countries :

Ceylon,
China,
Federated Malay States,
Hong-Kong,
French Indo-China,
Japan,
Straits Settlements.

" The Committee could in no case recommend the setting aside from the present budget of the Health Organisation of the League of Nations of an additional credit for the operation of the Eastern Bureau, and decides to recommend to the Council that any necessary supplementary credits should be added to the budget for 1928, which has been fixed on the sole responsibility of the Health Committee.

" V. *Constitution of the Advisory Council.*

" The Advisory Council having asked the Health Committee for advice in regard to its constitution, the Health Committee declares that the constitution of the Advisory Council should conform to the provisions of Article 10 of the Rules of Procedure of the Health Committee, which determines the constitution and the procedure of its technical commissions.

" The Committee is of the opinion that all the autonomous public health administrations in the present area of the Eastern Bureau's activity should be represented by one or more delegates at periodical conferences called to discuss the work of the Singapore Bureau, but that the Advisory Council of the Eastern Bureau should be constituted of representatives of the following countries :

Australia,
China,
Straits Settlements or other British Colony,
India,
Dutch East Indies,
French Indo-China,
Japan,
Siam.

" The Committee considers that the expenses occasioned by the sessions of this Advisory Council should be paid from the budget of the Health Organisation on the basis of one delegate from each country, and suggests that the advice of the President and the members of the Advisory Council should be secured on this point and on its draft Rules of Procedure before presenting a definite recommendation on this subject to the Council of the League of Nations."

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## E. Interchange of Public Health Officers.

### X.

The Health Committee, having considered the letter from the India Office, containing the views of the Government of India and of the Local Governments of India with regard to the proposed interchange of public health officers in India, adopted the following resolution :

" The Health Committee :

" Appreciates the action of the Government of India and of the Local Governments of India in welcoming the proposed interchange of public health officers in India ;

" Thanks the Governments concerned for proposing to make the necessary arrangements for the tour and to meet the cost of transport in India, other than rail, of the participants ;

" Requests the Medical Director to proceed with the organisation of the interchange."

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XI.

The Health Committee, having noted the declaration of its German members with regard to the arrangements being made by the competent authorities of the German Federal and State Governments for an interchange of public health officers in Germany beginning in September 1927, adopted the following resolution :

" The Health Committee expresses to the competent authorities of the German Federal and State Governments its appreciation of the interest they have taken in the organisation of an interchange of public health personnel in Germany beginning in September 1927. "

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F. Opium.

XII.

The Health Committee, having examined the replies to the circular letter (document C.L. 115.1925.III) forwarded on November 6th, 1925, to the various Governments, asking them to furnish the Health Committee with a list of preparations containing narcotics to which, in their opinion, in conformity with Article 8 of the International Opium Convention of 1925, the provisions of the Convention should not be applicable, adopted the following resolution :

" The Health Committee, in conformity with the procedure laid down in Article 8 of the International Opium Convention of 1925, decides to transmit to the Permanent Committee of the Office international d'hygiène publique, for advice and report, the lists of preparations containing narcotics to which, in the opinion of the Governments of the countries cited below, the provisions of the Opium Convention of 1925 should not be applicable :

| | | |
|---|---|---|
| Argentine | Hungary | Roumania |
| Austria | India | Sudan |
| Bulgaria | Latvia | Sweden |
| Germany | Poland | Union of South Africa. " |
| Great Britain | | |

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G. Note of the Medical Director.

XIII.

The Health Committee adopts the note of the Medical Director on the work accomplished since the eighth session (October 1926 - February 1927).

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**Appendix 1.**

Article 10 of the Rules of Procedure of the Health Committee.

The Committee, or, in cases of urgency arising in the intervals between sessions, the President, may appoint, for the purpose of considering a series of cognate questions, or a single specified question: (1) sub-committees holding office for the duration of a single session; (2) committees to meet in the intervals between sessions; (3) committees composed exclusively of experts.

In the first two cases the committees may include experts.

The experts shall be appointed either by the Health Committee or, in the event of an urgent request being made by a committee (" commission ") in the interval between the sessions of the Health Committee, by the President.

If a committee is appointed by the President, notice shall immediately be given to all the members of the Health Committee.

The decison of the Health Committee or of the President, whereby a sub-committee or committee is appointed, shall define its powers and composition.

The reports and proposals of sub-committees and committees shall be brought as speedily as possible to the notice of the members of the Health Committee and shall be submitted for decision to the latter at its next session, or, in urgent cases, to the President.

Committees shall be convened by their Chairman through the intermediary of the Secretary-General of the League of Nations.

## Appendix 2.

### Note on the Nature of the Information to be transmitted by the Office international d'hygiène publique or by the Singapore Bureau.

*By the Director of the Office international d'hygiène publique.*

The text of the Convention contains no specific provision in regard to the character (whether confidential or not) of the communications which the Office international d'hygiène publique and therefore eventually the Singapore Bureau, acting on its behalf, is required to make to Governments and to higher health authorities.

But it certainly follows from the spirit which inspired the discussion of the Paris Convention that, in principle, these communications should preserve as far a possible a confidential character : that is to say, they should be reserved for those who have a right to receive them, whether Governments or public health authorities, and should not be systematically published in the Press or otherwise made generally known.

In support of this view, it may be pointed out that the obligation imposed on Governments by the Convention of 1912 to *publish* the measures which they take with regard to arrivals coming from an infected country has disappeared from the present text, which contemplates only a communication to Governments and an obligation to hold this information at the disposal of diplomatic or consular representatives.

But, in the absence of any contrary provision in the Convention, there would seem to be nothing to prevent certain countries, those of the Far East for example, adopting by general agreement another method for their communications with one another more in accord with their needs or their habits. Equally there is nothing to prevent a Government from publishing communications which it is only required to make to other Governments and the Office international.

The Advisory Council of the Singapore Bureau has expressed some apprehension that the fact of acting on behalf of the Office international may prevent its continuing to publish in its *Bulletin* information provided for under the Convention which at the moment is furnished by the Health Administrations of the Far-Eastern countries without any reserve and most frequently in the form of an announcement in an official journal or in the public Press. This apprehension does not seem to be well founded. It is indeed possible that the practice of health administrations which up to the present has been determined by the text of the Convention of 1921, foreseeing at least in certain cases the possibility of publication, may be modified in future when the Convention of 1926 has come into operation. But even if this were not so, if certain health administrations persisted in the practice of publishing information which they are under obligation to give only to the Office international, the Office and the Singapore Bureau, acting on its behalf, would no longer be bound to maintain any reserve in regard to such information already made public.

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4. The medical specialists in question shall be subject to the same regulations as Turkish officials and shall be attached to the above-mentioned Ministry. They shall reside in such places as may be appointed.
5. They shall be entitled to six weeks' annual leave.
6. As provided in the Turkish legislation, they shall not be allowed to practise medicine in Turkey.
7. Should any counsellor appointed for a period of five years fail to comply with the conditions laid down, the competent department reserves the right to dispense with his services and to appoint a successor in his place for the remainder of the period.
8. A copy of the *curriculum vitæ* of candidates shall be forwarded to the Ministry of Public Health through the Ministry of Foreign Affairs at Angora.

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